

## Payment Authorization Form

Please complete all fields. You may cancel this authorization at any time by either written or verbal request. This authorization will remain in effect until canceled or expired. Please let me know within a prompt time frame, *if* you need to update your current payment method or add a new card. Thank you.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> FSA/HSA/Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize **Jessica F. Boulanger, LPC, NCC, PLLC** to charge my credit card above for agreed upon counseling services. I understand that my information will be saved to file for future transactions on my account. Additionally, I understand I have the option to receive a receipt via text, email and/or may opt out of receiving a receipt confirmation. My preference is the following:

\_\_\_\_\_ By Text    \_\_\_\_\_ By Email    \_\_\_\_\_ I choose not to receive payment confirmation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date