JODY HANSEN, M.A., L.P.C.

Licensed Professional Counselor
National Certified Counselor

Credit Card Authorization Agreement

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time. In case of late cancellations and/or no shows for scheduled sessions, or if a check is returned unpaid, you will be charged the full session fee. An additional $30 will be assessed for returned checks.

I, ___________________________hereby authorize Jody Hansen, MA, LPC, NCC to use my credit card information to charge my credit card in the event that I do not notify her of my inability to attend scheduled therapy appointments and/or do not cancel my appointments at least 24 hours in advance or if a check is returned for any reason, as agreed to in the signed Office Policy Consent for Services Form. I will not dispute charges ("charge back") for sessions I have received or appointments I have missed according to the above policy.

( ) Visa ( ) MasterCard ( ) Discover

Credit Card Number: ____

Expiration Date: ____________________ Security Code _______________________

Name as Printed on Card: ____

Billing Address: ____

City: ________________________________State: _______________ Zip: __________

Telephone: ( ) ________ - ____________

Authorization Valid Until: _________/_________ Initials Here: ____________

Print Name: ____

By signing below I acknowledge that I have read the above information and am authorizing Jody Hansen, MA, LPC to charge for missed scheduled appointments.

Signature: ______________________________________ Date: ___________________

17295 Chesterfield Airport Rd., Ste. 200, Chesterfield, MO. 63005 **314-488-8798**