



**CARD ON FILE AUTHORIZATION**

**Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby authorize Parsons Counseling LLC to charge the following card for any payment due for individual & group counseling sessions for the above client. I understand that this card will be charged after the client attends a session. I understand the amount charged will be based on my insurance benefits or the cash rate option agreed upon in the client's chart.

*Credit /Debit Card on File to be Charged at Visit:*

Card Number: \_\_\_\_\_

Cardholder's Name as it Appears on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Security Code on back of Card: \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

Zip Code for the Card: \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_