

Clarke Counseling Center, LLC
Sherry Clarke, M. A., LCMFT
Licensed Clinical Marriage and Family Therapist
301-956-0900

Credit Card Pre-Authorization

I authorize Clarke Counseling Center, LLC to keep my signature on file and to charge my Visa or MasterCard account for recurring charges of \$ _____ per _____ minute psychotherapy or coaching session.

I understand this form is valid for two years unless I cancel the authorization in writing. I promise not to dispute charges ("charge back") for sessions I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Clarke Counseling Center, LLC to disclose information about my attendance/cancellation to my credit card issuer, if I dispute a charge.

Client (s) Name

Cardholder Name

Cardholder Billing Address City State Zip

Account Number Expiration Date CVV #

Cardholder Signature Date