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Credit Card Payment Authorization Form

I, _____, hereby authorize Aspire Counseling Group, PLLC, to charge my credit
[Client Name or person acting on behalf of client]
card on file for services rendered. I understand that I am solely responsible for all charges.

Please initial all that apply:

_____ I consent to have my credit card charged in the amount of \$_____ per session on an **ongoing basis** at the time of each session. A receipt will be given to me at any time one is requested.

_____ In addition, should I fail to follow the 24-hour cancellation policy outlined in the Consent for Services, I consent to have my credit card automatically charged the \$75 late cancellation/missed session fee. My signature below indicates I give permission to charge the credit card on file for any late cancellation/missed session fees.

_____ In the event that I have an outstanding balance on my account, I consent to have my credit card charged for the balance owed.

_____ I understand this authorization is valid until cancelled in writing.

_____ I understand it is my responsibility to keep my credit card information up to date.

Signature of client (or person acting for client)

Date

Printed name

I, _____, have discussed the issues above with the client (and/or the person
Name of Therapist
acting for the client).

Signature of therapist

Date