

**Chrysalis Connections, LLC**  
Relationship Counseling & Family Leadership Center  
*Where what matters most, is what matters to you!*

**Credit Card Authorization Form**

I \_\_\_\_\_, hereby authorize Chrysalis Connections, LLC to charge my credit card account according to the following fee schedule: \$120.00 for each 60-minute individual appointment and \$135.00 for each 60-minute multi-client, couple, or family appointment. Extended appointments will be charged an additional rate of \$60.00 (individual) or \$68.00 (multi-client) for each 30-minute extension. Additionally, I authorize a \$120.00 charge for each individual No Call/No Show/Late Cancel or \$135.00 charge for each multi-client No Call/No Show/Late Cancel. I also authorize a charge of \$30.00 for each returned/insufficient fund check.

Visa    MasterCard    Discover    American Express    Other \_\_\_\_ (Debit)

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

Expirations Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***By signing below, I authorize the charges specified above.***

\_\_\_\_\_  
Cardholder's Signature Date

*Your completion of this authorization form helps us protect your credit card from fraud. All information entered on this form will be kept in a secured location and will be subject to all delineated confidentiality standards. Upon termination of the professional relationship, or at the client's request, this credit card authorization form will be destroyed, deleted, and/or shredded.*