

Chrysalis Connections, LLC

Dr. Teresa M. Walters

Individual, Couple, Marriage and Christian Counseling Services

Credit Card Authorization Form

I _____, hereby authorize Chrysalis Connections, LLC to charge my credit card account according to the following fee schedule: \$160.00 for each 60-minute, in-person, online, or phone appointment. Additionally, I authorize a No Call/No Show/Late Cancel fee equal to the agreed-upon fee schedule of \$160.00 and a charge of \$30.00 for each returned/insufficient fund check. A discounted fee of \$150.00 for each 60-minute appointment is available for clients who pay by cash, check, or Zelle. Prepayment packages are available for clients who wish to utilize cash, check, or Zelle options for online and phone appointments.

Visa MasterCard Discover American Express Other ____ (Debit)

Credit Card Number: _____

Expirations Date: ____ / ____

Security Code: _____

Name as it appears on the card:

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: (____) _____ - _____

By signing below, I authorize the charges specified above.

Cardholder's Signature

Date

Completing 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 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 shredded.