

Peace Counseling & Consulting, LLC  
2631 NW 41<sup>st</sup> Street, Suite E-6  
Gainesville, FL 32606

**Credit Card Authorization Form**

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

Type of Card: \_\_\_\_\_

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

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

CVV (code on back): \_\_\_\_\_

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

\_\_\_\_\_

I hereby authorize Perry Peace, PhD, LMHC to charge my credit card as payment for counseling services rendered at Peace Counseling & Consulting, LLC. A service invoice can be provided if requested. Please submit requests to [Perry@PeaceCounselingLLC.com](mailto:Perry@PeaceCounselingLLC.com). Please note the cancellation policy included at the bottom of this form.

\_\_\_\_\_  
Client Signature (or responsible party)

\_\_\_\_\_  
Date

**CANCELLATION POLICY:** Missed sessions or those cancelled with less than 24-hour notice will result in a fee of \$35.00 (not just a copayment), except in the case of a medical emergency.