

Peace Counseling & Consulting, LLC
2631 NW 41st 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. 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 \$75.00 (not just a copayment), except in the case of a medical emergency.