

CREDIT CARD PAYMENT AUTHORIZATION

I, _____, request and authorize Kalee Gower, LMSW and Louis Laves-Webb, LCSW, LPC-S to manually charge the credit card indicated below for all fees related to services provided by Louis Laves-Webb, LCSW, LPC-S & Associates. This includes fees for appointments missed without 24-hour notice. I am the client, the client's legal guardian, or have completed the "Responsibility for Payment by a Third Party" form.

NAME ON CARD: _____
(must match name above)

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ BILLING ZIP CODE: _____

Please indicate your email address if you would like to receive electronic receipts:

Cardholder's signature: _____ Date: _____