

**Authorization to Keep Credit Card on File**

I, \_\_\_\_\_,  
(Client's Name)

hereby authorize LifePractical Counseling to keep my credit or debit card information on file to use for payment of my counseling sessions or other counseling services I utilize at LifePractical. I authorize payment for my use of counseling services by my credit or debit card to be run on the date of service. I understand this information will be kept confidential.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

Name on Card: \_\_\_\_\_

Credit card Type (MasterCard or VISA): \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Three-digit security number: \_\_\_\_\_

Billing Zip code (where credit card statement arrives): \_\_\_\_\_

Amount to be charge each time: \$ \_\_\_\_\_

Revision dates and Authorized Initials:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____