



**Colorado Counseling Center, PLLC**

**Main Office:**

6590 S. Vine St. Suite 101 • Centennial, Colorado 80121

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**CREDIT CARD AUTHORIZATION FORM**

**Your Name:** \_\_\_\_\_

**Client's Name:** \_\_\_\_\_

**Your relationship to the client:** \_\_\_\_\_

Colorado Counseling Center, PLLC (“CCC”) requests that you provide your credit card information below. If you choose to pay by credit card your credit card will be charged the full fee after each session, as described in CCC’s Consent, Disclosure, & Policies Form. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-show fees.

If your credit card payment does not go through, in the event your account remains past due for sixty (60) days, your account may be sent to collections. CCC reserves the right to send your account to collections, in accordance with CCC policies and procedures; at any time after your account is considered past due.

By signing this authorization form, you agree to notify CCC of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account’s expiration date is amended.

**Colorado Counseling Center, PLLC Accepts the following Credit Cards:**

**- VISA            - DISCOVER            - AMERICAN EXPRESS            - MASTERCARD**

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

Type of Credit Card:    Visa \_\_\_    MasterCard \_\_\_    Discover \_\_\_    American Express \_\_\_

Credit Card Number \_\_\_\_\_

CCV Code: \_\_\_\_\_    Expiration Date : \_\_\_\_\_

Card Holder’s Full Address, including zip code (the mailing address for your Credit Card statements):

\_\_\_\_\_  
\_\_\_\_\_

This credit card authorization form will remain in effect and on file at CCC unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, **unless** an outstanding balance remains on your account after termination. CCC will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

**I hereby authorize CCC to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include longer pro-rated sessions, late or past due fees, or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.**

\_\_\_\_\_  
Client/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date