



PATH TO CHANGE, LLC
314 TRIBBLE GAP ROAD, SUITE B
CUMMING, GA 30040 770.615.6115

Path to Change, LLC

Credit Card Authorization Form

I authorize Path to Change, LLC to charge my credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name Printed on Card _____ Type of Card _____

Credit Card Number _____

Expiration Date _____ CVC 3 Digit Code on back of Card _____

Zip Code for Billing Address _____

By signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize Path to Change, LLC to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork. I understand and give permission to charge my card for any counseling appointments not canceled with a full 24 hour notice. If I do need to cancel an appointment I will call the Path to Change, LLC office in advance and leave a message for my counselor.

Path to Change, LLC agrees to **ONLY** charge for services rendered or for fees on appointments not canceled 24 hours in advance.

Client Signature _____ Date _____

Signature indicates that you agree to allow your therapist to make charges on your card without you present.

Therapist's Signature _____ Date _____