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Credit Card Authorization Form

Please provide credit card information below. By providing this information it will simplify payment procedures in the event of a missed appointment without notice of cancellation, as well as the occasions where an appointment is cancelled without 24 hours notice. In either event, credit cards will be processed at the end of the scheduled appointment. This card may also be used for payment of services such as document preparation etc. Your acceptance of this policy will ensure that your payments will always be up to date and will be made in a timely manner.

Print Name on Card: _____

Responsible Party (If different from the Client): _____

Billing Address:

Type of Card (Circle One)

Visa Mastercard Discover American Express

Card # _____

Exp. Date _____

Security Code: _____

Signature: _____

(This signature gives me permission to bill your card per the policy described above.)