

Janie Grimes, LPC, NCC
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Credit Card Authorization Agreement (PLEASE PRINT CLEARLY AND FILL OUT ALL FIELDS BELOW)

I, _____, authorize Janie Grimes, Counselor, to charge the following Credit/Debit Card for ANY AND ALL PROFESSIONAL services provided to me.

I further authorize said charges to be charged without my card being physically present. As Guarantor of all appointment fees, I realize that should I miss scheduled appointments without the appropriate notice, I will be charged for such cancelled or "no show" appointments. I have received a copy of the Cancellation/No Show policies. If I have not received a copy, I understand that I may request a copy at any time. I acknowledge that this Financial/Payment/Guarantor's Agreement will remain in effect until withdrawn in writing.

Type of Credit Card: _____

Credit Card Number: _____ Exp. Date _____ CVV _____

Name on Credit Card: _____

Billing Address _____

I have read and understand the above agreement.

Name _____ Date _____ -