

Wham Counseling
Steven R. Wham, LCSW, CSAT, SEP
812-499-7282
www.whamcounseling.com

Client Credit Card Authorization Form

I authorize Steve Wham to keep my signature and card information on a virtual terminal file that is password protected in order to charge for my appointment, phone sessions or for any appointments that are not canceled 24 hours before the scheduled appointment time, or for outstanding balances and collections fees.

I understand that this authorization is valid unless canceled in writing. I understand that though this information is secured in an online protected client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised.

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above.

Client's Name: _____

Cardholder Name and Relationship to Client: _____

Signature: _____

Address Including Zip Code: _____

Phone Number: _____

Acct. Number: _____ - _____ - _____ - _____ Exp. Date: _____ 3 Digit Code: _____

Cardholder Signature: _____ Date: _____

Client Signature: _____ Date: _____