

Laurie Barton MA, LPC

29 Sassafras Lane
Stafford, Virginia 22554

Credit Card Authorization

I, _____, agree that Laurie Barton may charge my credit card for my therapy session (s). It is my understanding that the charge for each session will be: \$ _____. My information appears below:

Client credit card information:

Cardholder's name as it appears of the card:

Type of card: (circle): MasterCard Visa

Credit Card #: _____

Expiration date: _____

V-code (3 digit # on back of card): _____

Cardholder's address (please be sure to include zip code):

Cardholder's signature _____

Date: _____

The information contained in this form will be used only for the purposes as stated above, will be held in confidentially under lock and key and will not be shared with any persons, organizations or entity outside of this practice.