

Please complete this page ONLY if you intend to use a credit / debit card for fee payment(s)

For Your Convenience, I gladly accept Visa, MasterCard, Personal Checks or Cash. If writing a personal check or using a money order, please pay to the order of: Deborah Kabrane, LPC

CREDIT CARD PREAUTHORIZATION

I, authorize Deborah G. Kabrane, M.A., LPC (CardAccept Inc. / SecurePay Merchant ID number is 02085590001) to keep my signature on file and to charge fees, or partial fees as applicable, to my credit card account for services rendered to: _____ as of ____/____/____ (Client Name: Please Print) Date

I understand that this authorization is valid until canceled in writing. I understand that charges for ongoing professional services to include telephone calls that exceed 10 minutes or for cancellations without 24 hour prior notice will normally be posted to my credit card account within a week of each service / appointment date. It is my practice policy to charge for missed appointments without appropriate notice as outlined in the signed Informed Consent Service Agreement and for professional calls that exceed 10 minutes. Please help me to serve you better by keeping scheduled appointments.

I agree that if I have any problems or questions regarding charges to my account, I will contact Deborah G. Kabrane for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Deborah G. Kabrane, M.A., LPC and those attempts have failed.

ADDITIONALLY, I HEREBY CERTIFY THAT I AM AUTHORIZED / APPROVED TO USE THIS CARD FOR THE PURPOSES OF PAYING FOR COUNSELING SERVICES RENDERED, CANCELLED APPOINTMENTS WITHOUT PRIOR NOTICE, AND ANY OTHER PREVIOUSLY AGREED UPON PROFESSIONAL FEES OUTLINED IN THE INFORMED CONSENT SERVICE AGREEMENT.

Cardholder Name (Please Print): _____ Billing Address (where billing statements are mailed): _____ Cardholder's Phone Number: Cell Phone Home Phone Number & Area Code: _____ Card Type (Circle) Visa MasterCard Debit / CheckCard Credit Acct No: _____ EXP. Date: _____ digit V-Code: _____ The V-Code is a 3 or 4 digit number on the back of your card by your signature, usually after the account number CARDHOLDER /Signature: _____ Date: ____/____/____ DRIVER'S LICENSE # _____ State Issued: _____

Client's Signature: _____ Date: _____