Clay Community Counseling, LLC
Michelle Fiallo, LMHC, CCTP
2497 County Road 220
Middleburg, FL 32068

Credit Card Authorization Form

I, _____, agree that Michelle Fiallo may charge my credit card for my therapy session(s). It is my understanding that the charge for each session will be $_____. The information for the credit card that I would like to be charged is listed below.

Cardholder's name as it appears on the card:

_____

Type of Card (Circle one): Mastercard Visa Discover

Credit Card Number: _____

Expiration Date: _____

V-Code (3 Digit Code on Back of the Card): _____

Cardholder's Address:

_____

_____

Cardholder's Signature: _____

Date: _____

*The information contained on this form will be used only for the purposed as stated above, will be held in confidentiality under lock and key & will not be shared with others.