



Pre-Authorization Credit Card Approval

I authorize The Flourish Counseling Center (charges will appear as going to “Chrissy Kortenhoeven, M.S., LMFT”), to keep my signature on file and to charge my credit card account for sessions with

_____.

Recurring charges (on-going treatment) of \$_____ every session from

_____ to _____.

A one-time charge of \$_____ for services rendered on _____.

Payment Plan: Recurring Charges of \$_____ on the following dates,

I understand this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Client's Name _____

Cardholder's Name _____

Cardholder's Address _____

City _____ State _____ Zip _____

VISA

Mastercard

American Express

Account # _____ Exp. Date _____

3-Digit Code (on the back) _____ Billing Zip Code _____

Cardholder's Signature _____

But I am like an olive tree flourishing in the house of God; I trust in God's unfailing love for ever and ever. ~Psalm 52:8