

WAVE Professional Clinical Counselors Inc.

WAVE THERAPY  
3150 PIO PICO DR. SUITE 105  
CARLSBAD, CA 92008

(760) 500-3325

## Credit Card Authorization Form

Normally we would collect copays or charges at the beginning and end of a therapy session using your preferred payment method. However, in the event of non-payment of fees, whether this is for copays that go unpaid, charges accumulated for not showing to a session, or late cancelations (less than 24 hour notice), we may need to charge a credit card.

By signing this form, you hereby authorize WAVE Therapy and all its associates, located at 3150 Pio Pico Dr. Suite 105, Carlsbad, CA 92008, to charge this credit card in the event of non-payment of fees. You also authorize this information to be saved to your confidential file.

If you do not want this card charged, please speak with your therapist about a payment plan for unpaid balances and we will do our best to accommodate.

Credit Card Information				
Card Type:	VISA	Mastercard	Discover	Other:
Cardholder Name:				
Card Number:				
Expiration Date (mm/yy):				
CCV (3 numbers found on the back of your card):				
Cardholder's ZIP code (credit card billing address):				

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth