

Laurette Beeson Presley, LPC

824 Bering Drive #5207

Houston, Texas 77057

713-775-4822

Financial Policy and Credit Card Authorization

I understand that fees are due at the time of service. Payments can be made by cash, credit card or check. I understand that I will be charged for any missed appointments or cancellations made with less than a 24-hour notice. The credit card listed below will be kept on file for this purpose, and for the processing of payments for scheduled appointments. This is required by all clients of Laurette B. Presley, LPC.

Client Name: _____

Type of card: ____ Visa; ____ MasterCard; ____ AMEX; ____ Discover

Credit card number: _____

Exp date: _____ Three or four digit Security Code (CVV): _____

Name on card: _____

Billing address for this card, including zip code:

I have read and understand the office policies of Laurette B. Presley, LPC. I acknowledge and agree with all policies listed. I understand my financial obligations for treatment received from Laurette B. Presley, LPC as stated above, and agree to pay for any and all services rendered.

Signature of Credit Card Holder Date: _____

Client Signature *(if different than card holder)*