Sound Mind Counseling

Credit Card Authorization

Client's Name:

Cardholder's Name (If different:)

I authorize Sound Mind Counseling, Inc. to charge my credit card or debit card for the Client(s) named above for professional services.

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover

Card Number:----

Exp. Date: CVV Code

Cardholder's billing address for Credit/Debit Card statements:

Street City State Zip

Cardholder's Signature: Date :

Charges will appear on your credit card statement as Sound Mind Counseling, Inc.