

Evelyn Evano LPC, LMFT  
550 E. 50<sup>th</sup> Ave  
Eugene, OR 97405  
541-686-2527

## Credit Card Authorization Form

Client Name: \_\_\_\_\_

Type of Card:    Visa \_\_\_\_\_  
                      Master Card \_\_\_\_\_  
                      Discover \_\_\_\_\_

Name on Card: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: Month/Year \_\_\_\_\_

3 Digit Security Code on back of card \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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I give permission to Evelyn Evano to charge my credit card for professional services. Evelyn Evano agrees to only charge for services rendered, including balances due, co-payments, co-insurances, late cancel/no show fees, or deductibles, not to exceed the insurance allowable amounts.

I understand that I have the right to revoke this agreement at any time by providing a request in writing.

Additional instructions on when and how you would like me to use your credit card for payment include: \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_