

LEE JACOBS RIGGS, LCPC

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CREDIT CARD AUTHORIZATION FORM

I, _____, whose Date of Birth is: ____/____/____, hereby
(Please print full name on credit card)

authorize Lee Jacobs Riggs to charge my credit card \$_____ (plus service fee of %3.5 +\$0.15, rounded to the nearest dollar) for completed counseling sessions and other services rendered based on fees and policies listed in the Counseling Agreement.

In that case that I have made other arrangements for the payment of completed sessions, this card will not be charged.

Card type: __VISA __MC __Discover __AmEx

Card # _____ **Exp. Date** _____ **Security Code** _____

Billing Zip Code: _____

Signature of Client: _____

Date: _____

Signature of Counselor: _____

Date: _____