



***Lauren Dahl, LCSW***

CREDIT CARD PREAUTHORIZATION

I, \_\_\_\_\_, hereby authorize Lauren Dahl, LCSW, to keep my signature on file and to charge my  Visa  MasterCard  American Express  Discover for recurring charges of \$\_\_\_\_\_ per session. I also authorize charges of **\$65** in the event that I miss an appointment without cancelling at least 24 hours in advance (unless we both agree that I was unable to attend due to circumstances beyond my control).

I understand that this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges for sessions I have received or that I have missed without notice as indicated above. I further authorize Lauren Dahl, LCSW to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

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

Cardholder Name (if different): \_\_\_\_\_

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

Account Number: \_\_\_\_\_

CID (3 digit code on the back of your card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Receipt Needed?  Yes  No

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_