

Freedom to Live Counseling
7025 Tall Oak Drive
Colorado Springs, CO 80919
719-233-4776

Credit Card Authorization

By your signature on this form, you authorize charges to your credit card for services rendered. These charges will appear on your bank/credit card statement as Freedom to Live Counseling.

I authorize Freedom to Live Counseling to charge my credit card. I also agree that my credit card can be charged for any session that is not cancelled at least 48 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Freedom to Live Counseling in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Client Signature _____ **Date** _____

Robert McIntire, MA, Certified Addiction Specialist
Freedom to Live Counseling
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