

**Liz Fuhro, LPC**  
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### Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize **Liz Fuhro, LPC** to make a debit to your credit card listed below.

By signing this form you authorize regularly scheduled charges to your debit/credit card. You will be charged after the service is provided or the fee is assessed. If requested, a receipt can be provided to you.

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**Please complete the information below:**

I \_\_\_\_\_ authorize **Liz Fuhro, LPC / LF Counseling, LLC** to charge my credit card account indicated below for incurred counseling service fees associated with \_\_\_\_\_ on or after \_\_\_\_\_.  
(Client) (Date)

Counseling Session Fee \_\_\_\_\_ No Show / Less than 24hr Cancellation Fee **\$45.00**

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business 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 that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.