

Sharon Hahn Counseling, PLLC

5613 Duraleigh Rd, Suite 161
Raleigh, NC 27612

Telephone: 919.784.0205, ext.4
Fax: 919.784.0250

Credit Card Authorization Form

Date: _____ Client Name _____

Please circle one: Visa Mastercard Discover American Express

Credit Card Holder's Name _____

Mailing Address Where Credit Card Statement Is Sent:

Street Address

City

State

Zip Code

Phone Number: _____ Email: _____

Account Number _____

Expiration Date _____

Credit Card Three Digit Security (CCV#) _____

- I hereby authorize charges to my credit card for services rendered by Sharon Hahn Counseling, PLLC that are not paid directly in cash or check.
- I understand that it is my responsibility to notify office personnel if I change my credit card companies and/or phone numbers
- I will update the expiration date of my credit card when necessary

I freely give this information and understand it will be used to pay for therapy services, copays, coinsurance and / or my deductible. I understand that a 2.35% convenience fee will be added for each transition and paid for by the client or client's legal guardian.

Client Signature: _____

Date: _____