



A Better You Counseling Services, LLC

Credit Card Authorization Form:

Cardholder name: _____

Billing address: _____ (street)

_____ (city) _____ (state) _____ (zip)

Credit Card Type: Visa Mastercard Discover Debit

Credit Card number: _____

Expiration date: _____

Card Identification Number (last 3 digits on back of card): _____

Amount to charge: _____ (USD)

I authorize Sasha Asumaa, LPC of A Better You Counseling Services, LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this service in accordance with the issuing bank cardholder agreement. I understand and agree to my credit card being charged for the full amount should I miss my appointment or not give a full 24 hours notice of cancellation. This authorization may be revoked upon providing a written statement.

Print Name: _____

Sign Name: _____

Date: _____

404-216-1135

www.ABYcounseling.com

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