



Trailhead Counseling and Wellness, LLC
Andy Krauthoefer, LPC
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Credit Card Authorization Form

By providing the following credit card information, I hereby authorize Trailhead Counseling and Wellness, LLC/Andrew Krauthoefer, LPC, NCC, LSC to charge my credit card for therapeutic counseling received on: _____ date. Or circle: **On-going**

I also understand that if I do not give 24-hour notice to cancel an appointment that my credit card will be charged for the full amount of the missed session.

My 50 minute session rates are:

- \$100/session for intake
- \$100/session for individuals
- \$125/session for families

Name as it appears on card: _____

Credit Card Billing Address: _____

City, State, Zip Code: _____

Credit Card Type:

VISA

Mastercard

American Express

Discover

Credit Card Number: _____

Expiration Date: _____ **3-digit code:** _____

Email Address for Receipt: _____

Phone #: (_____) _____ - _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Credit cards are processed using Square

Credit Card Authorization Forms are kept in a locked confidential file