



Blissful Path Therapy

Follow your bliss _____

Credit Card Payment Authorization Form

By signing this form you authorize Blissful Path Therapy Services, LLC to debit your account for the amount indicated on or after the date of service.

Please complete the information below:

I _____ authorize Blissful Path Therapy Services, LLC
(cardholder name)

To charge my credit card account indicated below. This payment is for therapy sessions, records requests, report writing, no-show/late cancellation fees, and/or outstanding balances pertaining to

(client name)

Billing Address _____

City, State, Zip _____ Phone# _____

Email _____

Account Type: Visa MasterCard America Express Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of card/ 4 digit number on front of AMEX card) _____

SIGNATURE _____

DATE _____

I authorize Blissful Path Therapy Services, LLC to charge the credit card indicated on this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that my information will be saved to file for future transactions on my account.

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