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Credit Card Authorization Form

I authorize Mariposa Counseling Center, LLC to charge my credit card to pay for counseling sessions, missed appointments or to make payments on my account.

Name of Client that will be using services: _____

Name Printed on Card _____

Type of Card _____

Credit Card Number _____

Expiration Date _____

CVC 3 Digit Code on back of Card _____

Street Address _____

City, State, Zip Code _____

By signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize Mariposa Counseling Center LLC to keep my credit card information on file and charge any fees that are my responsibility listed in the Agreement and Disclosure Statement. I understand and give permission to charge my card for any therapy appointments not canceled with a full 24 hours notice. If I do need to cancel an appointment I will call, text, or email this information to the Mariposa Counseling Center, LLC office in advance.

Mariposa Counseling Center, LLC agrees to ONLY charge for services rendered or for fees on appointments not cancelled 24 hours in advance. This form will be securely stored on file and may be updated upon request at any time.

Cardholder Signature _____ Date _____

Printed Name _____

Therapist's Signature _____ Date _____