

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Jenna Appling, LMFT  
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Bellevue, WA 98007  
206-491-8818  
Fax 425-747-4380

**Credit Card Authorization Form**

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*It is optional to leave a credit card on file.\*\* Credit cards will not be charged until claims have been processed. The information on this form is entered into a secure system and then this form is shredded.**

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date (MM/YY) \_\_\_\_/\_\_\_\_ CVV(Code on Back) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**Your signature authorizes Jenna Appling to charge this credit card with your approval.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date