Jennifer Young, MA, LPC
Therapy for Individuals, Couples, & Families

Credit Card Authorization

Date: _____

I, _____, give Jennifer Young, MA, LPC, my permission to charge my credit card for my portion of services rendered.

In addition, by signing below, I give my permission for Jennifer Young, MA, LPC to collect a late cancellation fee* of up to $40.

Card Holder: _____

Card Number: _____

Expiration Date: _____/_____

Zip Code: _____

CVV: _____

Signature:

* Cancelling or rescheduling must be done 24 hours prior to scheduled session. Clients not showing up for appointments can be charged at therapist's discretion.