



Grow Yourself Great Counseling and Consulting, PLLC



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Consumer's Name:	Date of Birth:	Record #:
Legal Guardian:	Insurance:	Policy #:

AUTHORIZATION TO KEEP CREDIT CARD ON FILE

Cardholder Name: _____

Card Type: Master Card Discover Card American Express
 Visa Card Other Card Type: _____

Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Address for Card: _____

I, the undersigned am an authorized signer of the credit card detailed above. I have previously signed and agreed to the terms of the Cancellation, No Show and Late Arrival Policy as well as the Fees and Insurance Policy. I authorize Grow Yourself Great Counseling and Consulting, PLLC to make a copy and use the credit card information above to pay for any no call, no show fees, late cancellation fees, copay amounts, co-insurance balances or fees incurred for services. I will be provided a paper or electronic copy of my receipt after each payment.

Cardholder Name

Cardholder Signature

Date

I wish to also receive receipts by (check all that apply) :

Email: _____

Fax: _____

Mobile: _____