

Koinonia Christian Counseling

Credit Card Authorization and Consent Form

I, _____ hereby authorize
Koinonia Christian Counseling to charge my credit card for counseling services rendered
to client.

Client Name: _____

Type of Card Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Authorized Signature of Cardholder _____

Signing this, I acknowledge the charges described hereon and assume full responsibility
for said charges and agree to honor and abide by the terms of payment. As per terms
indicated in "scheduling/appointment" guidelines, I understand the counselor reserves
the right to bill for the session if less than 24 hours notice is given. I acknowledge and
accept Koinonia Christian Counseling's terms and conditions.

Signature: _____

Date: _____