



Southcliff Counseling Center

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Dr. Shannon Wolf. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard Visa Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: (mm/yy) _____ CVV # _____

Cardholder ZIP Code: (from credit card billing address) _____

Email: (associated with credit card) _____

Credit Card Billing Address: _____

I, _____, authorize Dr. Shannon Wolf, LPC-S to charge my credit card above for agreed upon counseling related charges. I understand that my information will be saved to file for future transactions on my account.

Client Signature

Date

Notes: