Barbara Carr-Goodman, LCSW, ACSW
Counseling for Health and Wellness

Concorde on the Creek
6750 Hillcrest Plaza Drive Suite 302 Dallas, Texas 75230
214-212-1412 carrgoodmanb@gmail.com
www.carrgoodmancounseling.com

CREDIT CARD AUTHORIZATION FORM

Name of Client: _____

Name of Cardholder: _____

Billing Address: _____
Street Address

_____
City State Zip

Card Type: ☐Visa ☐Mastercard

Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on back of card): _____

This authorization applies to (select one) :

☐Single session fee in the amount of: $_____

☐Fees for all sessions unless otherwise noted

I hereby authorize Barbara Carr-Goodman, LCSW, ACSW, to charge the agreed amount to my credit card provided herein. I agree that I will pay for these services in accordance with the issuing bank cardholder agreement.

Signed: _____

Dated: _____