Scottsdale Premier Counseling

Dr. Morgan Francis, LLC 7910 E. Thompson Peak Parkway, Suite 104 Scottsdale, AZ 85255

Pre-Authorization Charge Form-CONFIDENTIAL

I authorize Dr. Morgan Francis, LPC to keep my signature on file and to charge my credit card for missed or cancelled appointments without 24 hour notice, and phone sessions.

I understand that this form is valid for one year unless I cancel the authorization though written notice to Dr. Morgan Francis, LPC.

_____ _____

Client name Cardholder name

Credit card ____Visa ____MC ___AMEX __ Discover ___other

_____ Credit card account number

_____3 or 4 digit code

_____Cardholder signature

_____Expiration date (mo/yr) _____Zip Code

_____Date

Office use only:
_____ card copied front and back