

**Laurie Furman, MS, MSW, LCSW
Furman Family Counseling, LLC**

11715 Administration Drive, Suite 101
Maryland Heights, MO 63146
(314) 993-7616

Credit Card Authorization

I authorize Laurie Furman, MS, MSW, LCSW of Furman Family Counseling, LLC to charge my credit card for psychotherapy services. In addition, I authorize Laurie Furman, MS, MSW, LCSW of Furman Family Counseling, LLC to charge my credit card in the event of a late cancellation or missed session not honoring the 24-hour cancellation policy. I guarantee payment for any services rendered made with my credit card, including renewed cards.

Name as it appears on the card: _____

Type of card (circle one): VISA Mastercard Discover

Card number: _____

Expiration date: _____

Security code: _____

Address and zip code associated with the card: _____

Signature of cardholder: _____

Date: _____