

Creating Balance

Shanna Larson-Paola, LMFT
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Pre-Authorization Charge Form-CONFIDENTIAL

I authorize Shanna Larson-Paola, LMFT 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 Shanna Larson-Paola, LMFT.

Client name

Cardholder name

Credit card ____ Visa ____ MC ____ AMEX ____ Discover ____ other

Credit card account number

Expiration date (mo/yr)

3 or 4 digit code

Zip Code

Cardholder signature

Date

Office use only:

_____ card copied front and back