



ABIDE

INTEGRATIVE COUNSELING  
SERVICES, LLC

*"Renewing Hope, Inspiring Growth, Rebuilding Lives"*

### **Credit Card Authorization**

By signing this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as 'Abide Integrative Counseling.' You have the right to request a copy of this document.

I authorize Abide Integrative Counseling Services, LLC to charge my credit card through Stripe. I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Abide Integrative Counseling Services, LLC in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

**By signing this form you agree that Abide Integrative Counseling Services, LLC has your permission to call/text/ email your emergency contact(s) during a crisis or an emergency.**

***BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT***

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**Client Name (Please Print)**

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**Date**

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**Client Signature**

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**Date**

**(If Applicable:)**

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**Parent's or Legal Guardian's Name (Please Print)**

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**Date**

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**Parent's or Legal Guardian's Signature**

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**Date**

The signature of the Therapist below indicates that they have discussed this form with you and has answered any questions you have regarding this information.

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**Therapist's Signature**

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**Date**