

Irons Counseling & Supervision

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Credit Card Authorization Form

Date: _____

Client: _____

I am providing the following credit card information for Lindsey Irons to keep on file in the event that I do not keep an appointment, I cancel an appointment without the required advance notice (24hours) or for convenience.

I authorize Lindsey Irons to charge my credit card the full specified amount for the missed appointment and/or balance on my account.

DISCOVER VISA MASTERCARD AMEX (circle one)

Card Number: _____

Expiration Date: _____

CVC code: _____

Zip Code _____

Name on Card: _____

Signature: _____