

**KELLY VIERRA, LCSW**

4507 N. Ravenswood Ave, Suite 110, Chicago, IL 60640  
3759 N. Ravenswood Ave, Suite 133, Chicago, IL 60613

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**CREDIT CARD AUTHORIZATION FORM**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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I authorize Kelly Vierra, LCSW to keep my account information on file for payment and to initiate debit or charge entries on this account as submitted.

Kelly Vierra, LCSW will only use this billing information to charge for any co-payments and cancelation fees.

If my bank account information changes for any reason, I will notify Kelly Vierra, LCSW and provide a new form.

I understand my credit card will be billed \$60.00 in the event of a no show or cancellation with less than 24 hours notice.

Signature of cardholder: \_\_\_\_\_

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Type of card:    Visa            Master Card            Discover            American Express

Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(This portion of the form will be destroyed after services terminate)