Joy Counseling and Consulting, LLC
21448 N 75th Ave Suite #6 Glendale, AZ 85308 623-313-0111

# PAYMENT COVERAGE FORM

I require credit/debit card information to be in your file in the event:

1) Our session is cancelled later than the 24-hour policy.

2) Your appointment is missed without the 48-hour cancellation.

3) A payment is due.

Your information will not be sold or given to a person, business, or organization for any purpose. Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

**Credit Card Information**

Card Type: ____ Visa ____ Mastercard ____ Discover ____ AMEX ____ Other ________

Cardholder Name (as shown on card): ________________________________________
Card Number: ______________________________________________________
Expiration Date (mm/yy): __________________________CVV# ____________________
Cardholder ZIP Code (from credit card billing address): ___________________________

I, _______________________, authorize_ Joy Counseling and Consulting, LLC_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_______________________________________ _____________________________
Customer Signature Date