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Electronic Payment Authorization

Please indicate the card you wish to use for services rendered through this practice. Charges for services will be deducted from the card designated below at the time services are rendered.

Client Billing Information:

Address: _____

I authorize all service fees to be deducted from the card ending in _____ (last four digits of card). I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing uses of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

Type of card: (Visa, Mastercard, etc) _____

Card Number: _____

CVV Code: _____

Expiration Date: _____

Cardholder Signature

Printed Name

Date