



Credit Card Authorization Form (Interns)

I, _____ authorize Integrity Counseling, Inc. to charge my credit/debit card
(name of intern)

to pay for the following:

(Initial all that apply)

_____ \$75 per individual supervision session (one-on-one with supervisor) attended, missed, or canceled with less than 24 hours' notice

_____ \$40 per individual supervision session (two interns with supervisor) attended, missed, or canceled with less than 24 hours' notice

_____ \$30 per group supervision session (three to six interns with supervisor)

Name Printed on Card: _____

Type of Card: _____

Credit Card Number: _____

Expiration Date: _____

CVC 3 Digit Code (back of card): _____

Billing Address Zip Code: _____

By signing below, I certify that the above information is true and accurate and that I am an authorized user on the credit card/debit account above. I authorize Integrity Counseling, Inc. to keep my credit card information on file and charge the above fees automatically and on an ongoing basis until or unless I cancel these automatic payments in writing. Integrity Counseling, Inc. agrees to ONLY charge for services rendered or for appointments not cancelled 24 hours in advance.

Intern Signature: _____

Date: _____

Witness Signature: _____

Date: _____