



LIFE ENRICHMENT COUNSELING CENTER, INC

7230 Heritage Village Plaza, Suite 202 Gainesville, VA 20155
Phone: (703) 754 0636 | Fax: (703) 754 0646

Credit Authorization Form

Name: _____ Date: _____

Billing Address:

(Street) (City) (State) (Zip)

Please Circle: Visa / Master Card / AMEX/ Discover

Credit Card Number: _____

Expiration Date: _____ CCV # _____
(3 digits on the back of the credit card)

Billing Policy

- Your credit or debit card will be charged \$60.00 (not co-pay amount) automatically in the event of a missed appointment with no notification and in the case of a delinquent balance (15 days after an account statement requesting amount due has been sent).
- I understand and accept all of the terms regarding this billing policy.
- I give permission for Life Enrichment Counseling Center, Inc., representative to bill my credit card for services rendered.

Signature: _____ Date: _____