

Balanced Life Therapy
Michelle Hill Murray, LPC
12880 Hillcrest Road, Ste J107
Dallas, Texas 75230
mhmurraylpc@gmail.com
Phone: 214-631-9676
Fax: 214-613-6245

CREDIT CARD AUTHORIZATION FORM

Patient Name: _____

Cardholder Name: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Amount to Charge: *\$145 per session*

I authorize Michelle Hill Murray, LPC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____