

## **Registration and Payment Authorization Form For Group Counseling**

I, hereby, authorize Counseling4Life, LLC to collect \$ \_\_\_\_\_\_, in advance, as the cost for the total number of group counseling sessions, for \_\_\_\_\_\_ (Participant(s)' name and D.O.B.); payment received reserves the client's participation for: \_\_\_\_\_\_ (Name of Group).

## Payment Type (check one)

□ Payment is by check (make payable to: Counseling4Life, LLC). Please <u>mail</u> check enclosed with\_this form to address above to reserve participation in group counseling sessions.

□ Payment is by credit card (provided below) to reserve participation in group counseling sessions. Please fax form to (855) 357-8282 to address above to reserve participation in group counseling sessions.

Name on Credit Card:				
Type of Card: (Circle One) Visa		MasterCard	(No AMEX or DISCOVER accepted)	
Credit Card Number:				
CVS #			Expiration Date: (as provided on card)	
(3 digit Security Code on back				
Cardholder's name and billing	address and	zip code:		

By signing this agreement, I understand that the client's participation in group counseling sessions offered by Counseling4Life, LLC, will be reserved by this payment authorization. The client may cancel their participation in this group for a full refund by providing notice to Counseling4Life, LLC at (210) 209-0642 within 7 days of the first scheduled group session (any amount refunded will be refunded to the payer and to the authorized cardholder listed on this form). Refunds will not be issued for cancelations after this date.

Payer's Signature: \_\_\_\_\_\_

Date:

Office: (210) 209-0642 Fax: (855) 357-8282 16607 Blanco Road Suite 1404 San Antonio, TX 78232

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