

PREAUTHORIZED CHARGE
FORM CONFIDENTIAL

I authorize Kay Butler-Lueking, LLC, LPC, MC, NCC to keep my signature on file and to charge my credit card for:

☐ recurring charges for ongoing treatment per date of service.

I understand that this form is valid for one year unless I cancel the authorization through written notice to Kay Butler-Lueking, LLC, LPC, MC, NCC.

CLIENT NAME

CREDIT CARD TYPE: ☐ VISA ☐ MC ☐ AMEX CODE _____ EXPIRATION DATE _____

CREDIT CARD ACCOUNT NUMBER

CARDHOLDER SIGNATURE

OFFICE USE ONLY:

☐ Card copied front and back

CARDHOLDER NAME:

EXPIRATION DATE:

DATE: