

Payment Authorization

I authorize David Roper to utilize this credit card to make payments for counseling sessions for the following person(s):

If I wish to revoke this authorization, I will do so in writing by emailing David Roper at davidroper.ms.lpc@gmail.com and any future counseling session payments would not be authorized.

Signature

Date

Printed name

Email address for receipt

Credit card number

Month/Year of card expiration

3 digit code

Zip code for card

Name on credit card