



# TEXAS COUNSELING

Individual, Couples, Family

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## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount will be charged in USD

I authorize Texas Counseling to charge my unpaid balance to the credit card provided herein. I agree to pay for this/these service(s) in accordance with the issuing bank cardholder agreement.

I agree that my credit card will be charged by the end of the week that I was rendered service, for unpaid services.

I agree that I can call and make arrangements or payment plans, at the discretion of Texas Counseling, to pay off my balance, by calling 469-499-4597. I agree to receive receipt via email.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_