



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:

(3 or 4 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: /s/ (electronically signed)

Date:

Print Name: