

Jimmy G. Owen, MS, LPC
3838 Oak Lawn Ave, Suite 1000
Dallas, TX 75219
214-546-8852

CREDIT CARD AUTHORIZATION FORM

I, (your name) _____, hereby give authorization to Jimmy G. Owen, LPC, to charge the below mentioned credit card at time of service for:

(Client name) _____

CREDIT CARD INFORMATION

VISA _____ MasterCard _____ AMEX _____ Discover _____

Credit Card #: _____

Expiration Date: _____ CVC : _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signed: _____ Date: _____

To terminate this authorization, you must notify Jimmy G. Owen, LPC, in writing.