



# Courage Counseling

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## Credit Card Authorization Form

Please complete all fields. This authorization may be canceled at any time by contacting Lindsay Rilinger, LSCSW.

Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Email address (for receipt purposes): \_\_\_\_\_

I, \_\_\_\_\_, authorize Lindsay Rilinger, LSCSW to charge my credit card listed above for payment of sessions. My card will be charged the agreed upon fee following time of session. This card will be charged in the event of a no-show or cancellation with less than 24 hour notice.

I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date