

Sarah Walker Counseling, LLC

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Credit Card Authorization

I am authorizing Sarah Walker Counseling, LLC to have my credit card information on their system.

This credit card will only be used to charge fees due at this office.

I authorize this office to charge my credit card for all appointment fees, including charges not covered by my insurance, if applicable, including copayments, deductibles, letters, no show and late cancellation fees.

This will be valid until I request in writing to remove this authorization.

Patient Name

Date of Birth

Signature /Parent-Legal Guardian

Name of Legal Guardian/Parent

