Sherri H. Rawsthorn, LCSW, CCE
265 W. Pike Street, Suite 4
Lawrenceville, Georgia 30046
(678) 377-6992

Credit Card Authorization Form

Please complete all fields. You may amend this authorization at any time by contacting Sherri Rawsthorn LCSW, PC. This authorization will remain in effect as long as the recipient of services is an active client and there is a balance due on the financial account.

Credit Card Information		
Card Type:	☐ MasterCard ☐ VISA ☐ Discover ☐ Other _____	
Cardholder Name (exactly as printed on card):		
Card Number:		
Expiration Date (mm/yy):		CVV Code:
Billing ZIP Code:		
Authorized Recipient of Services if Different from Cardholder:		
Email Address:		

**********Please attach an image of the front and back of the credit card**********

I,_____, authorize Sherri Rawsthorn, LCSW PC to charge my credit card above for agreed upon co-payment amounts, co-insurance amounts and session fees not paid at the time of service or not covered by insurance for the above-named authorized recipient of services. I understand that my card will be charged $50.00 for any session that is missed or cancelled with less than 24hrs notice. I understand that my information will be saved on file for future transactions on my account.

_____ _____
Customer Signature Date