



PAYMENT AUTHORIZATION FORM

I agree and authorize Launch Point Counseling LLC to charge my credit, debit, HSA or FSA card the following for counseling services rendered:

Type of Service	Fee	Time
Initial counseling appointment	\$170.00	50 minutes
Continuing counseling Appointments	\$155.00	50 minutes
Initial 15 minute phone consultation	\$0.00	15 minutes
Ongoing phone consultation	\$40.00	15 minutes
Documentation (i.e. letters for schools, courts, etc.)	TBD	TBD

I agree and authorize Launch Point Counseling LLC to charge my card the full session fee for no show and cancellations without 24 hour notice.

I understand the following security measures are guaranteed by Launch Point Counseling LLC:

- Card information will be securely stored and encrypted in MX Merchant
- MX Merchant payment processor is utilized for debit, credit, HSA and FSA card payments
- Credit card will **only** be charged *after* completed counseling session or in the event of a missed appointment or cancellation without 24 hour notice (no automatic, re-occurring charges)

I certify that the card and billing information provided to Launch Point Counseling LLC is true and accurate. Any changes to my payment information will be communicated to Launch Point Counseling LLC as needed. This includes a change in the card that is stored and/or individual sessions that may require different forms of payment.

****Please bring a form of payment (cash, check or card) to the first session. If you choose to use a card for this and future sessions, Launch Point Counseling LLC will add your preferred form of payment to MX Merchant for this and all other future sessions. Please notify Launch Point Counseling LLC should the preferred form of payment change for a future session.****

Client/Responsible Party Signature: _____

Date: _____

Counselor Signature: _____

Date: _____