



Kristen Miciotto, MA, LPC

2525 Wallingwood Dr 78746

Bld. 1 Suite 228

(512) 626-5719

Kmiciotto@gmail.com

www.wholeheartcounseling.net

Credit Card on File Policy

A credit or debit card is required to be kept on file as a convenient method of payment for session fees or no-show/late cancel fees that you are liable for. Your card will be processed within 24hrs after session or no-show. Your credit or debit card information is kept confidential and secure through SimplePractice & Stripe processing.

I authorize Kristen Miciotto LPC to charge fees that I am financially responsible for to the following credit or debit card.

Amex Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ CVV _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

I (we), the undersigned, authorize and request Kristen Miciotto LPC to charge my credit or debit card, indicated above for balances due for services rendered that are my financial responsibility for private pay or no-show/late cancel fees.

This authorization will remain in effect until I (we) cancel authorization. This card will be taken off file after 90 days of last session due to a break in services or at termination of therapeutic relationship.

Client Name (Print) _____

Client Signature _____ Date _____