

Allison C. Gary, MA, LPC, NCC
Grief Counselor
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Confidential Credit Card Authorization Form

Client Name: _____

Name on Card (if different from above): _____

Card Number: _____ - _____ - _____

Expiration Date (Month/Year): _____

CVC (Security Code): _____

Billing Zip Code: _____

Email for Electronic Receipts: _____

Okay to email billing and payment information to the email address provided.

I authorize Allison C Gary of ACG Counseling Services, LLC to process this credit card for payments in consideration for counseling services.

Printed Name of Client

Client/Responsible Party Signature

Date