



Allyson Blythe, LCSW & Certified Life Coach

7430 US Highway 42 #217

Florence, KY 41042

(859) 341-7773

(859) 341-0376

www.allysonblythe.com

allysonblythe@live.com

Credit Card Authorization

Client Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Name as it appears on card: _____

Credit Card Type: Visa _____ Master Card _____

Discover _____ Other: _____

Credit Card Number: _____

Expiration Date: _____ Security Code : _____

Cardholder Zip Code: _____

I hereby authorize Allyson Blythe, LLC to charge my credit card according to the terms below:

- **A \$3.00 processing fee will be added to each charge.**
- **In case of a Late Cancellation (less than 24 hours) or No-Show, I understand that my card will automatically be charged. Late Cancellation fee is \$75.00 and No Show fee is \$100.00.**
- **This form is valid and kept on file until your case is closed or until client terminates this agreement in writing.**
- **I agree to accept further information about upcoming events via email.**

Client Signature

Date

