Melissa Robilliard LPC
Authorization for Payment

I, (print name) _____ give my consent to Melissa Robilliard LPC to charge the following card $120.00 per session and for sessions cancelled or missed with less than 24 hour notice, related to the treatment of:

_____ _____

Client Name Client Date of Birth

_____

Name on Card

_____

Card Number

_____

Expiration Date CVV

_____

Signature Date

1701 W Northwest Hwy Ste #100
Grapevine, TX 76051
Phone: 817-888-1165