



601 West 18th Street, Austin, TX 78701

www.louislaves-webb.com

Authorization for Credit Card Transaction

I _____ (paying party) authorize Emily Karpinski, LMSW, to charge the following credit or debit card account for attended appointment and missed appointments not cancelled more than 24 hours in advance, for _____ (client).

Name (as it appears on the card)

Card Number

Zip Code (billing address)

Exp. Date

V-Code

Paying Party Signature

Date

Emily Karpinski, LMSW

Date