



LOUIS LAVES-WEBB
LCSW, LPC & ASSOCIATES
PSYCHOTHERAPY FOR ADULTS, ADOLESCENTS, AND COUPLES

www.LouisLaves-Webb.com
(512) 914-6635

CREDIT CARD PAYMENT AUTHORIZATION

I, _____, request and authorize Patrick Turbiville, LCSW and Louis Laves-Webb, LCSW, LPC-S to manually charge the credit card indicated below for all fees related services provided by Louis Laves-Webb, LCSW, LPC-S & Associates, including fees for appointments missed without insufficient notice. I am the client, the client's legal guardian, or have completed the "Responsibility for Payment by a Third Party" form.

Name on card : _____
(must match name above)

Card number: _____ - _____ - _____

Expiration date: ____ / ____

Security code: _____ - - - - -

Billing ZIP code: _____



Cardholder's signature: _____

Date: _____