

Tamara Allen Bush LLC

Tamara Allen Bush, LPC-S, NCC, CSAT

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Fee Information and Office Policy

Credit Card Authorization Form

Name on card: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Account Number: _____ Exp. Date: _____

Security Code: _____

Billing Zip: _____

Charge Card may be used for : Session Fee Copay Unpaid Balance Cancellation

Receipt to be: Emailed Mailed via USPS None

By signing this form, I authorize Tamara Allen Bush, LLC and their billing workplace representative to charge my card for services provided above until cancelled in writing. I understand the amount may change if different services or materials are provided.

Print Cardholder Name

Signature of Cardholder/Client

Date:
