



LOTUS COUNSELING CENTER, LLC

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Metairie, LA 70001

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CREDIT CARD PAYMENT AUTHORIZATION FORM

Please indicate the form of payment you wish to use for any services rendered through LOTUS COUNSELING CENTER, LLC. This information will be securely stored in your clinical file and may be updated upon request at any time.

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____ Email: _____

Credit/Debit Card Information: VISA MASTERCARD AMEX DISCOVER

CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____ / _____ SECURITY CODE: _____

Card Holder Information:

Please indicate the name and address associated with the credit/debit care you wish to use.

Card Holder: _____ Date of Birth: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____ Email: _____

Printed Name of Client

Date