



## Credit Card Authorization

By your signature of this form, you authorize charges to your credit card through CardConnect for services rendered, These charges will appear on your bank/credit card statement as Willow Oaks Counseling, LLC.

I authorize Dannel Wissler, LPC to charge my credit card through Clearent. I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify my therapist in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

### I have read and I agree to Credit Card Authorization

***Signature of Client or Legal Guardian***

***DOB***

***Date***

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*Sign Full Name*

*MM-DD-YYYY*

*MM-DD-YYYY*

**DANNEL WISSLER, LPC CAADC**

**1018 NORTH CHRISTIAN STREET, LANCASTER PA 17602**

**NPI : 1053766097 EIN : 842677715**