

HEALING PATH COUNSELING, PLLC

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Healing Path
COUNSELING

CREDIT CARD AUTHORIZATION FORM

I _____, authorize Malissa Reichert at
HealingPath Counseling to charge my credit card to pay for counseling sessions, missed
appointments or to make payments on my account.

Client Name _____

Name Printed on Card _____

Credit Card # _____ CVC Code (back of card) _____

Expiration Date _____ Type of Card _____

Billing Address _____

Billing Zip Code _____

By signing below, I certify that my above information is true, accurate, and that I am an
authorized user on the account. I authorize Malissa Reichert with Healing Path
Counseling, PLLC to keep my credit card information on file and charge any fees that
are my responsibility listed on the intake paperwork. I understand and give permission to
charge my card for any therapy appointments not cancelled with a full 24 hour notice.
In the event I need to cancel an appointment, I will contact my counselor 24 hours or
more in advance to leave notice.

Malissa Reichert, owner of Healing Path Counseling agrees to ONLY charge for services
rendered or for fees on appointments not cancelled 24 hours in advance.

Client Signature Date

Malissa Reichert, MA, LMHC Signature Date