



Individual, Couples, Family, Group Therapy

Therese Fuh, M.S., LCDC, Substance Abuse Counselor, EFT/Tapping  
Practitioner, Energy Body Healer, Spiritual and Holistic Counselor,  
Meditation/Relaxation Instructor.

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Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_ Email address:  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMX Credit Card Number:

\_\_\_\_\_ Expiration Date:

\_\_\_\_\_ Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back  
of the credit card)

Amount will be charged in USD

I authorize Be The Exception Counseling, PLLC, to charge my unpaid balance to the credit card provided  
herein. I agree to pay for this/these service(s) in accordance with the issuing bank cardholder agreement.

I agree that my credit card will be charged by the end of the week that I was rendered service, for unpaid  
services.

I agree that I can call and make arrangements or payment plans, at the discretion of Be The Exception  
Counseling, PLLC, to pay off my balance, by calling 512-383-6030. I agree to receive receipt via email.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_