

Fletcher Counseling —
and Associates

801 E. Plano Parkway Ste 150
Plano, Texas 75074

I, _____ hereby authorize you to charge my credit card for counseling sessions with Jeffrey K Fletcher, M.A., LPC-S, LSOTP-S in the amount of \$ _____ per session.

Client Name _____

Credit Card Billing Information

Card Type: _____

Card Number: _____

Expiration Date : _____

CVV _____

Zip Code: _____

Signature:

Date:
