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"FOSTERING CONNECTION WITH YOURSELF AND THE ONE'S YOU LOVE."

Credit/Debit Card Authorization

Client Name: _____

CARD INFORMATION

Card Holder's Name
(as it appears on card): _____

Card Number: _____ Expiration Date: _____

Three-Digit Security Code: _____ Billing Zip Code: _____

Email Address (please check if you would like a copy of the receipt forwarded to you): _____

I hereby authorize The Connected Self, PLLC to charge the above credit or debit card in order to collect payment for services rendered. This will include the connection of payment and such items such as unpaid co-payments, unmet deductible or outstanding balances, and late cancelled or no-show appointments.

I attest that the above information is true and correct, and that I am the legal cardholder for this debit or credit card. My signature acknowledges that I have read and agree to these terms and conditions.

Card Holder Signature

Date