

**ANTHONY HAMPTON LISW-CP**  
ADDICTIONS COUNSELING | THERAPY | YOGA

**Anthony Hampton LISW-CP**

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**Credit Card on File**

**Billing Authorization Form**

For appointments not canceled with 24 business hours' notice a charge of the amount of service will be charged to your account.

Please note, the card provided must be a CREDIT CARD, not a debit card, to avoid problems related to non-sufficient funds transactions.

Information to be completed by the cardholder:

The undersigned agrees and authorizes Anthony Hampton, LISW-CP to charge the credit card indicated below for any account balances which include, but are not limited to, co-pays, coinsurance, written correspondence, outpatient consult with attorneys or medical professionals, fees for late cancel and no show appointments.

~Client Credit Card on File~

Name as it Appears on the Credit Card: \_\_\_\_\_

Type of Credit Card: VISA, Mater Card, Discover, American Express (Circle One)

Card Number: \_\_ \_ - \_\_ \_ - \_\_ \_ - \_\_ \_

Expiration Date: (month/year) \_\_\_\_ / \_\_\_\_

Security Code: (last 3 numbers on back of card) \_\_\_\_ \_\_\_\_ \_\_\_\_

I, \_\_\_\_\_ authorize Anthony Hampton LISW-CP to process the above credit card as "Signature on File" for any balance due on my account. I understand this authorization will expire upon payment in full of account.

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Signature

Date