

*MaryAnn Mattingly MS LPC CCMHC*  
*1399 West 34<sup>th</sup> Avenue, Suite 102*  
*Anchorage, AK 99503*  
*907-522-2010*  
[www.maryannmattingly.com](http://www.maryannmattingly.com)  
[wellbeing@maryannmattingly.com](mailto:wellbeing@maryannmattingly.com)

### Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card. The charge will appear on your statement as: **MaryAnn Mattingly MS LPC CCMHC**.

Client Name: \_\_\_\_\_

Account Type:     Visa     MasterCard     American Express     Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_    Sec Code \_\_\_\_\_    Zip Code \_\_\_\_\_

(3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of Am Ex)

By signing this form, I authorize MaryAnn Mattingly MS, LPC, CCMHC to use the above listed credit card to any charges on my account that will not be submitted to an insurance company and any charges that remain once insurance has paid its portion.

This authorization will remain active until you cancel it. You can cancel it via email to the bookkeeper at [lbessette33@gmail.com](mailto:lbessette33@gmail.com), or by telling MaryAnn.

By signing this agreement, **I agree that no prior notification is necessary.**

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

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