



Clinical Expertise in Treatment of:

Family/Marital Issues
Disruptive Disorders of Children
Anxiety and Depressive Disorders
Anger Management
PTSD
Crisis Intervention
Grief and Loss

Clinical Therapy

Florida LCSW #10560
LCSW Qualified Supervisor
State Certified Expert Witness
Adoption-Competent Certified

Credit Card Authorization Form

Please complete all fields and email AchesonTherapy@gmail.com or text back 813-727-0264 with a photo of this. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____/_____
Three or Four Digit Security Code (located on back of card typically): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Kimberly Acheson to charge my credit card for any copay, member responsibility, or deductible required from my insurance provider. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date