

**Dr. Christopher Barrilleaux, DSW, MATH, LCSW-BAS**

Licensed Clinical Social Worker

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526 Green Street – Thibodaux, LA 70301 – (985) 803-1000

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***Credit Card Authorization***

The following credit card will be kept as part of the confidential client file to facilitate payment of the client cost-share of professional services. Examples of such services include consultations, telephone conferences, review of records, preparation of reports, improperly canceled appointments; and in some cases, in lieu of a separate retainer for depositions or court testimony.

CARDHOLDER NAME \_\_\_\_\_ Today's Date \_\_\_\_\_

TYPE OF CARD \_\_\_MasterCard \_\_\_Visa \_\_\_Amex \_\_\_Discover

CARD NUMBER \_\_\_\_\_ Expiration Date \_\_\_\_\_

ZIP CODE WHERE YOU RECEIVE YOUR STATEMENTS \_\_\_\_\_

SECURITY CODE (3 digits on back of card; or 4 digits on front Amex only). \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

***Notice of Intent to Bill My Credit Card for Services***

Dr. Barrilleaux will send you an email invoice in Excel format noting any balance due on your account, or in forensic cases, the need to replenish a retainer, after which he will notify you by electronic mail of the amount intended to be billed. Please indicate the length of time you prefer to be notified of a pending transaction to your credit card on file:

\_\_\_24 hours \_\_\_48 hours \_\_\_72 hours \_\_\_1 week \_\_\_Other: \_\_\_\_\_

**Authorization**

I, the undersigned, being an authorized signatory of the above listed credit card account, authorize Dr. Christopher Barrilleaux to charge my credit card for the payment of my fees after sending my invoice with the total balance due to my email address and notifying me in the above interval of time of his intent to debit/charge my credit card.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

