AUTHORIZATION TO CHARGE CREDIT CARD

To increase your commitment to your first appointment and to respect our time, we require that the initial session fee is due at the time the appointment is scheduled.

I agree to pay the $160 as a new client deposit at the time the appointment is scheduled. The fee is non-refundable should I fail to provide less than 24 hours notice to cancel the appointment, I arrive late to the appointment, I choose not to comply with office policies, or I can not be seen for any reason. At the initial appointment, this fee covers the session fee.

I _____, GRANT PERMISSION FOR

Cardholder Name

WELLSPRING COUNSELING AND HEALTH, LLC TO CHARGE MY CREDIT CARD THE

SUM OF $ _____ FOR SERVICES RENDERED FOR

_____. THIS AUTHORIZATION EXTENDS

Client Name

FOR ONE YEAR FROM THE DATE OF THIS SIGNATURE, BUT CAN BE REVOKED IN WRITING.

CARD NUMBER_____

EXPIRATION DATE_____

CVV CODE_____

BILLING ZIP CODE_____

_____

Signature/ Date

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