



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 \$180, as a new client deposit, at the time the appointment is scheduled. The fee is non-refundable should I fail to attend, provide less than 24 hours 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.*

AUTHORIZATION TO CHARGE CREDIT CARD

I \_\_\_\_\_, GRANT PERMISSION FOR WELL-  
CARDHOLDER

SPRING COUNSELING AND HEALTH LLC TO CHARGE MY CREDIT

CARD THE SUM OF \$ \_\_\_\_\_ FOR SERVICES RENDERED FOR

\_\_\_\_\_. THIS AUTHORIZATION EXTENDS  
CLIENT

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

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_