

Financial Information Addendum

Debit/Credit Card:

We require that a debit or credit card is kept on file with our secure, third-party vendor. Regular session fees will be charged to this card at the time of service. Our office will provide notice of any other billable fees that have accrued and bill those fees to this card on file. Such fees may be due to late cancellations or no-show to scheduled appointments, or crisis management calls. By signing below, as a client of Serenity Life Resource Center, you are providing your authorization in perpetuity for such aforementioned fees to be billed automatically by Serenity Life Resource Center.

Card Type: VISA Mastercard American Express Discover

Name on card: _____ **Exp Date:** _____ **Security Code:** _____

Card Number: _____ **Billing Zip Code:** _____

Please initial below:

_____ Yes, I authorize automatic billing for services at the time of service.

_____ Yes, I would like to pay my regular session fees with the above debit/credit card.

_____ Yes, I understand that I will be billed _____ for cancellations with less than 24 hour notice with the above debit/credit card..

_____ Yes, I understand that I will be billed _____ for a no-show to a scheduled session with the above debit/credit card.

_____ Yes, I understand that I will be billed _____ for phone calls over 10 minutes with the above debit/credit card.

My signature below indicates that I understand and agree to the above financial policies.

Client Signature: _____ Date: _____