

TRCS, LLC

Renee Storm, LPC, CAC III, EMDR, CSAT
14960 Woodcarver Rd. Ste # 202
Colorado Springs, CO 80908

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount previously agreed upon. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Renee Storm, MA, LPC, CAC III, CSAT, EMDR, to charge
(full name)

my credit card indicated below for therapy services rendered at a previously agreed-upon rate.

Billing Address. _____ Phone _____
City, State, Zip _____ Email _____

Credit Card

Visa	MasterCard
Amex	Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
Security code	_____
Billing zip code	_____

- **If client(s) do not provide at least 24 hrs notice of cancellation or reschedule, via text or phone, client will be subject to late fee, up to full amt of session. Late fee must be deducted prior to next session.**
- **Sessions are approximately 55-60 minutes, and if you are late, please note that your original scheduled one-hour time (60 mins) is total duration of session.**

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Renee Storm, LPC, CAC III, EMDR, CSAT in writing of any changes in my account information or termination of this authorization prior to the next scheduled appointment. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.