Resilience & Transformation
PSYCHOTHERAPY CENTER

Credit / Debit Card Payment Consent Form

Client Name:

_____

I authorize Resilience& Transformation Psychotherapy Center to charge my credit/debit/health account card detailed below at time of service for

_____
(Client Name).

If I do not cancel before 24 hours, I recognize that Resilience& Transformation Psychotherapy Center ill charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge.

Credit Card Information

Circle: VISA MasterCard AMEX Discover PayPal

Name on card:

_____

Address:

_____

City, State ZIP:

_____

Credit Card Number:

_____

Expiration Date: _____/_____/_____

CVC Code _____

Signature: _____ Date _____/_____

In order to terminate this authorization, you must inform Resilience& Transformation Psychotherapy Center in writing one week prior to any scheduled appointments.

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Your payments will show up on the statements that will be sent to you monthly.