TheVillage.Love
Play Therapy & Counseling

Credit Card Authorization Form

- Being the cardholder, by signing below, I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize my therapist Judi Dai or Sophie McCollum to charge my credit card for clinical services provided, for services not cancelled within 24 hours, no show fees, and any additional charges associated with my account as stated in the Payment Agreement/Fee Schedule.
- The therapist will provide me with a weekly/monthly/quarterly statement detailing dates of services, applicable fees, and receipts for those fees if requested.
- I further agree that in the event my credit card becomes invalid, I will provide my therapist with a new, valid credit card upon request to be charged for the payment of any outstanding balance.
- I understand that if I fail to maintain a valid credit card, on file, for charges to my account, that I will be responsible for any legal fees or bank charges associated with collection of past due balances.
- Charge authorization may be withdrawn at any time, but only by written request.

Signature of Client and/or Guardian:_____

Print Name:_____ Date:_____

Please Complete the Following:

Name of Cardholder:_____

Card Number:_____

Expiration Date:_____Security Code (3-4 digit code on the back of the card):_____

Full Billing Address:_____

Client Name:_____ Client Date of Birth:_____

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