



Pre-Authorization for Recurring credit card payments/missed appointments for counseling

Client name _____

Address _____

Email _____ Daytime phone _____

The undersigned client/cardholder hereby authorizes New Mourning Counseling, to obtain payment fees for recurring counseling sessions and missed appointments from the cardholders credit card account listed below.

New Mourning Counseling services may charge the account for counseling fees and for missed appointments (a minimum of 24 hours cancellation is required). Counseling fees will be charged at the rate set by therapist and cardholder. Missed appointments will be charged at a rate of \$50.00.

This pre-authorization will remain on file for the duration of services with New Mourning Counseling Services unless revoked in writing with thirty (30) days prior written notice

Name on Credit Card _____

Credit Card Number _____

Visa Master Card American Express (please circle one)

CVV Number _____ (on back of card)

Expiration Date _____

Client/Cardholder's Name

Signature

By signing this form, the Client/Cardholder acknowledges and agrees to the following:

- This signed form is confidential and will be kept locked up/on file at New Mourning Counseling
- Charges will appear on your statement as a charge from New Mourning Counseling
- Disputes are to be within 30 days of disputed charge, after that the client agrees the charge is valid and agrees not to dispute said charge any time in the future
- Cardholder agrees to a recurring charge for therapy services to above referenced credit card.
- Client agrees to cancel appointments 24 hours in advance. If cancellation is not made, client will be charged a no-show fee of \$50.00.
- Client/Cardholder certifies that the cardholder named above agrees to pay for all charges described in accordance with this agreement.