



Promoting Power, Love & Sound Mind for Adults, Couples and Families

CREDIT CARD AUTHORIZATION

Copay or payment is due at the beginning of each session. To avoid delays in payment processing we require a credit or debit card to be on file. Please complete all fields below. This authorization will terminate when outstanding balances for services rendered have been satisfied.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	
Card Number:	
Cardholder ZIP Code (from billing address):	
Expiration Date (month / year):	/ Security Code:

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, **the usual session fee will be charged for no shows or late cancellations.** Insurance does not cover missed appointments.

Please note that Square charges a processing fee of 3.5% + .15¢ per each credit card transaction.

I, _____, authorize Ideal Living Psychology Center to charge my credit card for services rendered.

Customer Signature _____ Date _____