Life In Motion

Counseling

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Credit Card Authorization Form

I _____, authorize Life In Motion to charge the following credit/debit card for current and future therapy sessions and fees as agreed to in the Informed Consent/Agreement to Counsel consent form.

I guarantee payment for any purchases made with the credit card(s) account(s) referenced below. The card information will be securely stored in the Life In Motion's HIPAA compliant, cloud-storage database. I understand that if I fail to cancel any scheduled session less than twenty-four hours in advance my credit card will be charged an amount equal to the counseling session rate.

Returned checks will result in a returned check fee of $35 fee plus the session fee paid in cash. I understand that if I fail to make cash payment within 10 business days of the returned check my card will be charged the session fee and the returned check fee.

Waiver of this policy is at the discretion of the therapist.

CARD TYPE: VISA MASTERCARD DISCOVER FSA (American Express not accepted)

NAME AS APPEARS ON CARD(S): _____

LAST 4 DIGITS OF CARD NUMBER: _____

CVV NUMBER: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Your signature below confirms your consent to this policy and your agreement to these terms.

_____ _____

Card Holder's Signature Date