



# FAMILY STRATEGIES COUNSELING CENTER

## Authorization for Automatic Debit/Credit Card Payments

(updated 7/30/18)

Client Name: \_\_\_\_\_

Parent/Guardian Name: (If applicable) \_\_\_\_\_

Date: \_\_\_\_\_

**INDIVIDUAL THERAPY:** By my signature below, I authorize FAMILY STRATEGIES COUNSELING CENTER (Floyd Godfrey, LPC) to debit/charge the account number I have specified below for the contracted amount. I understand that my account will be charged the day of the appointment. **Missed appointment fees will also be assessed to my account.** One week's written notice will be needed to cancel this authorization. This process reduces overhead and allows Family Strategies to keep fees as low as possible.

**THIRD-PARTY PAYERS:** If a third party pays for your session fees, we must have a signed Third-Party Agreement on file for you. Please ask for this form at the front desk from the receptionist. The credit card listed below will not be charged unless your account is 60 days past due or beyond. We will contact you before charging your card.

Third Party Payer Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

His/her email: \_\_\_\_\_

### DEBIT/CREDIT CARD AUTHORIZATION

**Terms: We have a 24-hour cancellation policy.**

**If you cancel later than the 24 hours, your card will be charged the regular session fee.**

**If you do not keep your scheduled appointment, you will be charged the regular session fee as well.**

**Please be considerate of your therapist's time and abide by these policies.**

**If you notify us before 24 hours, it will allow us to schedule other clients seeking services here at Family Strategies.**

**SIGNATURE (signifies you have read and agree to these terms):** \_\_\_\_\_

Please circle the card type:

VISA  MasterCard  Discover Card  Amex

Name as it appears on the card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# on the back of the card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Do you want this card charged for normal session fees as well? \_\_\_\_\_ Yes \_\_\_\_\_ No