



Authorization for Automatic Debit/Credit Card Payments

(updated 1/24/19)

Client Name: _____ Phone: _____

Parent/Guardian Name: (If applicable) _____

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:

- * At the time of service when I check in at the front desk, OR
- * For missed appointments, OR
- * For late cancellations. (Late cancellations are defined as up to 24 hours prior to my appointment.)

Please be considerate of your therapist's time and abide by our 24-hour cancellation policy. If you notify us of a cancellation before 24 hours, it will allow us to schedule other clients seeking services here at Family Strategies.

*Having a card on file to use for your sessions is **required** and will enable us to expedite your check in time and reduce overhead allowing us to keep fees as low as possible.*

PLEASE CHECK THIS BOX IF YOU WANT YOUR CARD TO BE CHARGED FOR NO SHOWS OR LATE CANCELATIONS **ONLY**.

PLEASE CHECK THIS BOX IF WE MAY **PRECHARGE** YOUR CARD WHEN YOU ARE SCHEDULED AT A TIME WHEN NO RECEPTIONIST IS AVAILABLE AT THE FRONT DESK (i.e. Saturdays, late or early hours.)

One week's written notice will be needed to cancel this authorization.

SIGNATURE : _____ DATE: _____

CREDIT CARD INFORMATION:

Please check box: VISA MasterCard Discover Card Amex

Name as it appears on the card: _____

Credit Card #: _____

Expiration Date: _____ CVV# on the back of the card: _____ **IS THIS AN HSA CARD?** _____

THIRD-PARTY PAYERS: If a third party pays for all or a portion of 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. Your credit card 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: _____

Address: _____
Street City State Zip

Phone: _____ Third-Party Payer Email: _____