

AUTHORIZATION for DEBIT/CREDIT CARD CHARGES

Having a valid credit/debit 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.

By my signature below, I authorize FAMILY STRATEGIES COUNSELING CENTER (Floyd Godfrey, PhD) to debit/charge the account number I have specified below:

- At the time of check-in
- The day of my telehealth appointment
- For missed (No Show) appointments
- For late cancellations. (Late cancellations are defined as cancellations within 24 hours prior to my appointment.)

For VIDEO SESSIONS or AFTER HOURS SESSIONS: The card on file will be charged by the end of the same business day as your appointment.

GROUP THERAPY: If you join a group, the credit card on file will be charged for group fees as well *unless you notify us otherwise.*

ONE WEEK'S WRITTEN NOTICE IS REQUIRED TO CANCEL THIS AUTHORIZATION

CREDIT CARD INFORMATION

Please check box: VISA MasterCard Discover Card Amex

NAME: _____
As it appears on the card

Credit Card #: _____

Expiration Date: _____ CVV#: _____

Billing Zip Code: _____ **IS THIS AN HSA/FSA CARD?** Yes No

Cardholder Signature

Date