

Credit Card on File Agreement

It is not my policy to carry balances with my clients. Payment is due at the time of service. Unless prior arrangements have been made, any balance that is past due 60 days, I will automatically charge the balance to your credit card.

Any missed sessions or cancellations without a 24 hour notice will be charged to your designated credit card as well.

Client Name: _____

Credit Card Type: Visa ___ Mastercard ___ Discover ___

Cardholder Name: _____

Billing Address on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I agree to the terms above and authorize you to bill my credit card for unpaid balance due.

Signature

Date