



Credit Card Authorization

You are welcome to pay for sessions with cash, check, or credit card. Please be assured that your information will be kept safe and strictly confidential. I understand and acknowledge that Peacetree Family Institute will charge the card listed below.

Please choose one or more of the following options:

Please charge my card for my sessions as they occur and any other fees that I incur

Please charge my card on the _____ day of each month for my entire balance

CREDIT CARD INFORMATION

First Name (as it appears on card): _____

Last Name (as it appears on card): _____

Card type (circle one): Visa Master Card Discover American Express

Card number: _____

Expiration Date: _____ (mm/yy) Security Code: _____ (three-digit number printed on back of card)

Billing Address: _____

City, State, ZIP: _____

Email address: _____ Telephone: _____

I understand that if I fail to make payments owed for attended sessions, if I do not attend a scheduled session, or if I cancel a session less than 24 hours from the start time of the session, and do not make the required payment(s) within 7 business days, Peacetree Family Institute has my permission to charge the card listed above accordingly. I understand that if I am having difficulty paying I can speak with my therapist about alternative arrangements.

Card Holder's Printed Name: _____

Card Holder's Signature: _____ Date: _____