



The Balanced Life

CREDIT CARD AUTHORIZATION FORM

We require your credit card information for several reasons:

- 1) If you do not comply with our cancellation policy, then your therapist will charge your card the missed appointment fee of \$100 or the late cancellation fee of \$50. This fee cannot be submitted to insurance and insurance cannot be billed for a missed session.
- 2) In the event that you have an outstanding balance past 90 days, your card will be charged for the outstanding balance within 15 days if you do not call your therapist to make partial or full arrangements for payment.
- 3) If you have co-pays or are paying out-of-pocket, your therapist can keep your credit card information on file and charge it at the time of each session. **This is optional.**

You will be notified in writing or via text or email of any charges made to your credit card account.

I, _____ (print name as it appears on the credit card), authorize The Balanced Life, LLC to submit any charges for professional services or fees that are rendered to _____ (print full legal name of client receiving services) to my credit card. This authorization applies to all legitimate charges for any individual whom I have accepted financial responsibility and includes all current and future outstanding charges.

I authorize The Balanced Life, LLC to keep my signature on file and to charge my Visa, Mastercard, American Express, or Discover account for an initial or reoccurring charge of \$_____ per visit and/or a one-time charge of \$_____ for previous services rendered. **(If you choose not to use this option, please put \$0.00 for the amount.)** Please note, the fee for saved cards may be slightly higher than the processing fee indicated in the new client paperwork financial policy.

I promise not to dispute charges ("charge back") for sessions I have received or for fees associated with non-compliance with the cancellation policy. I further authorize The Balanced Life, LLC to disclose information about my attendance/cancellation to my credit card issuer if I dispute the charge.

I understand that this information will be kept in a secure location to ensure its safety and protection.

If my credit card expires, I will provide updated information.

Full legal name of client authorized for use: _____

Signature of Cardholder: _____ Date: _____

Name on Credit Card: _____

Type of Credit Card: Visa MasterCard American Express Discover Other _____

Card Number: _____

Expiration Date: _____

Card Verification Data: _____ (3 digits on back of credit card for most; American Express may be in front of card)

Zip Code applicable to Credit Card: _____

Email Address: _____

Full legal name of client authorized for use: _____

Signature of Cardholder: _____ Date: _____