



GRACE HUNTLEY
— COUNSELING —

Credit / Debit Card Payment Consent Form

Client Name: _____

Name on Card if different than client: _____

I authorize Grace Huntley Counseling to charge my credit/debit/health account card for professional services. If I do not cancel before 48 hours, I recognize that Grace Huntley will charge my card as a late cancellation or no show if I do not show up for the appointment. I will be billed for the full session charge [out of pocket: \$200, the insurance cost, or the agreed upon sliding scale amount].

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Signature: _____

Initials: _____

Date: _____