



Deer Valley Counseling

"Skills for Better Living"

Authorization to Charge Credit or Debit Card

Client Name: _____

Name on Card: _____

I hereby acknowledge that I have received and have been given an opportunity to read copies of Deer Valley Counseling's Payment Policy.

I hereby authorize Deer Valley Counseling to charge my credit card on file the full hourly rate for any appointments missed by the client named above that are not canceled 24 hours in advance.

I hereby authorize Deer Valley Counseling to charge my credit card on file the full hourly rate for any appointments for which the client named above fails to make payment at time of service.

This authorization shall remain in effect for one year or until canceled by me in writing.

Signature of Person Whose Name Is on Card **Date**

Therapist's Signature **Date**