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Authorization for Payment

I, _____ authorize the above-named
service provider to charge my credit card the full cost of a missed session in the event:

- I do not bring payment with me to the office,
- I do not provide 24 hours notice for the cancellation of an appointment, or
- I don't arrive within 15 minutes later than a scheduled appointment

Name on card: _____

Credit card number: _____

Expiration date: (MM/YY) _____ / _____

CVS (3 digits on back of card): _____

Billing zip code: _____

Signed: _____

Print Name: _____

Effective date: _____