

CREDIT CARD AUTHORIZATION

Updated September 7, 2016

CREDIT CARDHOLDER INFORMATION	
Name on credit card	
Type of credit card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Other:
Account number	
Expiration date	
Security code / CVV	
Billing postal code	

Payment Policy

- Full payment is required by the end of each scheduled appointment in the form of cash, personal cheque, eTransfer or credit card. Unless otherwise discussed, payment for sessions, missed sessions or late cancellation fees will be required prior to scheduling subsequent appointments.
- In the event that payment is not made when due, Sarah Schlote reserves the right to charge your credit card manually as per the present authorization. Should your credit card information become outdated or be inaccurate, you will be given the opportunity to make payment via a different method and if payment is still not made, Sarah reserves the right to employ a collections agency to recover unpaid fees. Payment not received within 30 days of the session date will be invoiced at a 5% annual interest rate.

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all outstanding charges as invoiced by the Schlote Psychotherapy Professional Corporation, such as for session fees, late cancellation or missed session fees, or for the replacement cost of books borrowed from Sarah Schlote and misplaced or not returned within a month of ending services.

I understand that this credit card authorization form will be shredded after all outstanding fees are paid and my file is closed, out of respect for the privacy of my personal information.

Name (printed) and Signature: _____

Date: _____

HST # / No. de TVH : 824103246RT0001