lifeworks
PSYCHOTHERAPY CENTER

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Credit Card Authorization

I authorize LifeWorks Psychotherapy Center to keep my credit card information on file and to directly charge my credit card account for charges I personally incur for dates of service and for appointments cancelled with less than 24 hours' notice*.

FOR RELATIONSHIP THERAPY CLIENTS OR GUARANTORS

I authorize LifeWorks Psychotherapy Center to keep my credit card information on file and to directly charge my credit card account for charges for dates of service or for appointments cancelled with less than 24 hours' notice* incurred by the following person(s):

_____.

CREDIT CARD INFORMATION

Credit Card Number _____

Expiration Date_____3 Digit Security Code _____

Card Holder's Name _____ Zip Code_____

Card Holder's Signature (if typed, type in caps) _____

Date _____

***Cancellation Courtesy**

The courtesy of 24-hour notice of cancellation of scheduled appointments is requested. Clients will be held responsible for their full session fee, if 24 hours' notice is not given to their therapist. Please note your insurance carrier cannot be billed for a cancellation and you will be responsible for the cancellation fee for missed sessions. Insured clients are charged $150 for each missed session.

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