

Credit Card Payment Authorization

You authorize Gentle Shepherd Counseling Center to charge \$50.00 to your credit card in the event that you "NO SHOW OR LATE CANCEL" your initial appointment. You can request a receipt for this charge and the charge will appear on your credit card statement. You agree that no prior-notification will be provided before Gentle Shepherd Counseling Center processes this charge. To avoid the \$50.00 late cancel/no show fee you must notify our office of the cancellation or reschedule your appointment at least 24 hours prior to the appointment time by calling our office # 330-499-3065. Please note that if you contact us during our off hours, we have a voice mailbox that will pick up (after several rings) which will time/date stamp your message. Thank you.

I _____ authorize _____ to charge my

Credit Card indicated below for \$ _____ on the day of (or 24 hours after) of each _____.
(week, month, etc.)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

(Cardholder's Signature)

DATE _____

