



FINANCIAL AGREEMENT

I agree to a fee of \$150 per session. It is my responsibility to pay for each session in full at the end of my appointment.

	Print Name	Signature	Date
Client			

CREDIT CARD AUTHORIZATION

Please provide credit card information in the space below. Cards will be charged following each appointment at the agreed upon amount provided above. This service is provided for your convenience though payment may be made using cash or check.

This information will only be used in processing payments due to one or more of the following: hourly balance, returned bank checks, or missed or late cancelled appointments.

Please note that we will make every effort to discuss your account before using this option to bring you balance up to date. Thank you for your cooperation.

Credit Card Type	
Name as it Appears on Card	
Credit Card Number	
Expiration Date 00/00	
CVV	
Billing address including zip code	

Cancellation Policy: Since scheduling of an appointment involves the reservation of time specifically for you, we kindly ask for 24 hours notice to be provided when cancelling or rescheduling appointments. Failure to do so could result in a fee.