COMPASSIONATE PATHWAYS COUNSELING

Finding Your Way Through

Authorization for Pre-Arranged Payments and Late Cancellations

This form authorizes Compassionate Pathways Counseling to charge your account using a valid credit or debit card for services scheduled or rendered, late cancellations, or failing to show to appointments. By signing this agreement, you agree not to dispute any charge that this conducted fairly by this office.

By signing your counseling agreement, you have agreed to pay for late cancellation or no-shows. A missed appointment will be charged to your account within 48 hours of the scheduled date of service. Compassionate Pathways holds each account number in strict confidence.

Client Name_____

Name on Card (if different)_____

Account Number_____

Type of Card_____ Security Code_____

Expiration_____ Billing Zip Code_____

Cardholder Signature_____Date_____

Client Signature (if different) _____Date_____

By signing above, I authorize Compassionate Pathways Counseling to charge all subsequent account balances, minus any cash payments, to the identified credit or debit card listed above, until al account balances are paid in full and agreement is rescinded in writing. I also agree that the office may keep this original form permanently on file. This office may disclose account information and attendance history to credit card companies or related business partner or associate for purposes of collection of payment.