

Carpenter House, Inc.



4400 Highway 20 East Suite 306

Niceville, FL 32578-5383

Phone: 850-897-7810 Fax: 850-897-0032

CREDIT CARD AUTHORIZATION FORM

You are responsible for coming to your session on time and at the time we have scheduled. Appointments are scheduled for 50 minutes. If you're late, we will end on time. If you are doing telepsychology sessions (online therapy) you will be charged your regular session fee with the credit card on file. **If you miss a session without canceling or cancel with less than 24-hour notice, you must pay a fee of \$50.00 for that session AT THE TIME OF THE CANCELLATION OR NO-SHOW with the credit card on file.** This fee is not meant to be a punishment but is instead meant to encourage attendance to scheduled sessions and hold you accountable for your time and the time of others.

Credit Card Information

C.C. #: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Phone Number: _____

I, _____, authorize Carpenter House to charge my credit card above for agreed upon services and fees at the time the fee is incurred. I have read the Credit Card Authorization Form provided by Carpenter House and I have had sufficient time to be sure that I considered it carefully and fully understand the terms above. I understand that fees will be charged at the time it is incurred, with the credit card on file, and it is my responsibility to update us if this card becomes invalid for any reason.

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____