

Forward Movement Counseling Center

8105 Rasor Blvd Ste 250

Plano Texas, 75024

Phone-469-854-9867

Credit Card Form

By signing this agreement, I am authorizing Forward Movement Counseling Center to bill my credit card for all professional services rendered to the "Client", this includes any charges that are not paid at the time of service, or for situations which fall under the late cancellation policy listed below. I agree that I will not dispute those charges ("charge back"), which may include, but are not limited to:

- The full fee for a session if the client does not show for an appointment and has not cancelled or rescheduled as outlined in the cancellation policy.
- Telephone contact in excess of that usually associated with services, prorated at our regular hourly rate, with prior notice given before any charges are incurred, this may include phone contact in excess of 15 min.
- Checks that are returned will incur the check amount and additional \$35 fee.

If you have questions or concerns regarding any part of this fee structure or billing/ payment policies, please discuss these with me as soon as possible. **This form will be securely stored in client's clinical file and updated upon request at any time.**

Credit Card Type (check one): Visa MasterCard AMEX Discover

Number: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3-digit code on back of card by signature line): _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Signature of Payor: _____

Print Name of Payor: _____ Date: _____

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Please Initial each of the Following:

_____ (initial) \$50.00 Charge for sessions cancelled with less than 24 hours notice and for appointments I miss without notice which will be billed to my card for this purpose.

_____ (initial) I understand my card will be charged for returned checks for amount of check plus \$35.

_____ (initial) I will not dispute charges for sessions I have received, appointments I have missed with less than 24 hours notice, or charges due to bounced checks.

Signature of client

Date