Elise Franklin Therapy

Client Payment Consent Form

I understand that there is a 48-hour cancellation policy and that if I do cancel within 48 hours before the session, my credit card will be charged for the appointment.

Client Name: _____

Name of card (if different):_____

Credit Card Type (Circle one): Visa Mastercard AmEx Discover

Card#: _____

Expiration: _____/_____

Security Code:_____

Zip Code of the billing address:_____

Session Fee:_____

I understand that by signing below I am hereby stating that I am the authorized card holder and am authorized to make such purchasing on the above credit card and authorize the above amount as correct.

I authorize Elise Franklin to charge the above mentioned credit card account in the amount shown above. Full session fee will be charged for session that are cancelled within the above mentioned 48-hour cancellation notice.

Authorized card holder signature:_____
Date:_____