Laura Symon Coaching and Consulting

727-349-2410

laurasymon.com

Laura Symon, MSW, LCSW, CSAT, SEP

Client Credit Card Authorization Form

I authorize Laura Symon to keep my signature and card information on a virtual terminal file that is password protected in order to charge for my appointment, phone sessions or for any appointments with my Coach or Consultant that are not cancelled 48 business hours before the scheduled appointment time, or for outstanding balances and collections fees.

I understand that this authorization is valid unless cancelled in writing. I understand that though this information is secured in an online protected client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised.

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions as stated above.

Client's Name:_____

Cardholder Name and Relationship to Client:_____

Signature: _____

Address Including Zip Code:_____

Phone Number:_____

Acct. Number: _____ Exp. Date: _____ 3-4 Digit Code:_____

Cardholder Signature: _____ Date: _____

Client Signature: _____ Date: _____