Laura Symon Coaching and Consulting

812-454-1564

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: _____

Cash, check, Apple Pay, and Paypal as Friend are preferred methods of payment. Please note that there is a 4% fee added to the cost of session when using credit or HSA cards.