

**Laura Symon**

**Coaching and Consulting**

727-349-2410

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 canceled 24 hours before the scheduled appointment time, or for outstanding balances and collections fees.

I understand that this authorization is valid unless canceled 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 Digit Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_