



CLIENT ACKNOWLEDGEMENT OF CREDIT CARD AUTHORIZATION

Reminder calls are a courtesy and do not negate my responsibility for my sessions. I agree to provide the office a minimum of 24 hours' notice if I need to cancel/ reschedule my session. This office does its best to stay on schedule. As such, we do not overbook appointments. Scheduling an appointment fills a slot on a TBC for CBT therapists' schedule. Missing therapy appointments or arriving late not only disrupts the flow of the schedule, but also is not fair to other scheduled clients or to those who may need to be seen on an urgent basis. You are responsible for group fees for each module started, regardless of attendance. Payment for services is due at the time services are rendered.

I understand I will be billed up to the full session fee for any therapy appointment I fail to keep or cancel without 24 hours' notice. I understand that I will be billed any missed group fees.

I give my permission to keep the following credit card information on file for any unpaid balances and that I will receive electronic notification if my card is charged:

PLEASE PRINT

Name of Client: _____

Name of Cardholder (as shown on card): _____

Complete Billing Address (+ Zip): _____

Email address of cardholder: _____ Phone #: _____

Debit: _____ Credit: _____ AMEX _____ VISA _____ MC _____ Discover _____

Card Number: _____ Expiration Date: _____

Three/Four Digit CID Number: _____

_____ I understand my card will be billed in the event of the aforementioned, or if the equivalent of two weeks' worth of fees accumulates without payment.

_____ I would like to have my credit card charged for all sessions held.

_____ I understand if my account is turned over to a collection agency for non-payment, will be responsible for the collection agency fee as well.

Cardholder Signature Date

Witness/TBC Staff Date

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