Credit/Debit Card Charge Authorization Agreement

I, _____, the holder of the credit or debit card listed below authorizes One Breath Counseling to charge my card $_____ per therapy session.

I authorize One Breath Counseling to use the card below for copays, unpaid invoices, and costs associated to consultation with other providers and documentation needed.

For sessions that I cancel or do not attend with less than 24 hours notice (by Friday for Monday appointments), I authorize One Breath Counseling to charge card $60 for late cancellations or $120 for no show/no call appointments.

Name as listed on card:_____

Credit/Debit Card:_____

Expiration date: _____ CVC code: _____

Billing Zip Code: _____

_____ _____

Signature of cardholder Date

_____

Print Name

800 S FM 1626 Ste 410
Buda, TX 78610

trish@onebreathatx.com
737-201-3639