

### 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.

For sessions that I cancel or do not attend with less than 24 hours notice, I authorize One Breath Counseling to charge card \$60 for late cancellations or \$120 for no show/no call appointments. I understand that notice may be given to my therapist via email, phone call, or text message and if given by 3pm the day prior (Friday at 3pm for Monday appointments), I will not be charged.

Name as listed on card: \_\_\_\_\_

Credit/Debit Card: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVC code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name