

Credit Card Authorization and Consent Form

I, _____ hereby authorize Transcend Psychological Services to charge my credit card in advance of therapeutic services to be rendered (\$190/hour). I understand that payments will be taken by 10am the morning of the scheduled appointment and that the cancellation policy requires that I provide a minimum 24 hours notice. * Payments **will not** be taken for appointments cancelled prior to 9am on the date of the scheduled appointment, though in accordance with the 24 hour cancellation policy, an invoice may be issued for the missed appointment.

Type of Card: ___ Visa ___ MasterCard

Credit Card Number: _____

Expiration Date: _____ CVC _____

Name of Cardholder: _____

Credit Card billing address: _____

Total amount to be charged: _____ (CAD) Canadian Dollars

Authorized Signature of Cardholder _____

In signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment. I acknowledge and accept that credit card information will be stored securely, according to the ethical and legal guidelines for storage of confidential information, and that only persons employed by Transcend Psychological Services will have access to this information. In the unlikely event of a payment taken in error, Transcend Psychological Services will immediately make full reimbursement.

Signature: _____

Date: _____

TRANSCEND

psychological

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