

TRILLIUM SPRINGS COUNSELING

1640 Powers Ferry Road, Building 16, Suite 300, Atlanta, Georgia 30067

CREDIT CARD AGREEMENT

As a service to you, Trillium Springs, LLC, d/b/a Trillium Springs Counseling, is willing to accept credit cards for payment for our services. We accept Visa, MasterCard, Discover and American Express. As a convenience to you, we will keep your credit card information on file in your client file under lock and key for your protection. We will never charge this card in any other instance without notifying you first.

- I authorize Trillium Springs Counseling to charge my credit card for the costs of each session. However, I also understand that Trillium Springs Counseling will never charge my card for any other reason without notifying me in advance.

Credit Card Information Required:

Name as it appears on your card: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Information: _____
Street Number (street name not required) Zip Code

Client Signature: _____
Signature indicates you agree to allow your therapist to make charges on your card without your being present.

We have a 24-hour cancellation policy. If you cancel an appointment with your therapist with less than 24 hours notice, you will be financially responsible for the session. There is a \$50.00 charge for missed sessions and a \$30.00 charge for any returned checks unless otherwise negotiated with your therapist.

I have read the above policies, and I accept this Credit Card Agreement.

Client's Name (Please Print)

Client Signature

Date