



CREDIT CARD AUTHORIZATION

We ask that you fill out this credit card authorization which we will keep in your file. You may pay for your sessions including co-payments, deductibles or any amount that is not covered by your insurance, with whichever method you choose. However, due to the billing system we use, your credit card will be charged automatically for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is not paid within 15 days of receiving an invoice. Any charges will show up on your statement as "Life to the Fullest LLC." You may also receive emails requesting feedback of your transaction from the credit card processing company we use (SquareOne or Stripe). You have no obligation to respond to those emails.

By signing this form, I hereby authorize Life to the Fullest LLC. to charge my credit card for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is 7 days overdue on my account. I also authorize Life to the Fullest LLC to charge my credit card using a credit card processing system (for which I may receive emails requesting feedback about my transaction) for the balance due on my account including any co-payments, deductibles, or any amount that is not covered by my insurance. I certify that I am authorized to sign this form.

Credit Card Type: Visa MasterCard Other: _____

Credit Card Number:

CCV: Exp. Date: /

Client Name (Person receiving services): _____

Cardholder Name: _____
(As shown on CREDIT CARD)

Street: _____

City, State, Zip: _____

Card Holder's Phone: _____

Cardholder's Signature: _____

Printed Name: _____

Date: _____

