

Lisa Firullo, LPC, RYT

Credit Card Authorization

I _____ authorize Lisa Firullo, LPC to authorize my credit card for any services rendered as agreed to. I also authorize Lisa Firullo to charge my card in the event I fail to show for a scheduled appointment or do not give notification of my inability to attend a scheduled appointment at least 24 business hours in advance.

I further authorize Lisa Firullo to disclose any information about my attendance/cancellation to my credit card company if I dispute a charge.

I acknowledge that I am aware there is a \$25 charge for any declined credit card charge.

Credit card type:

Card #:

Expiration date:

3 digit security:

billing zip code:

Name on card:

Signature _____

Date: _____

**Cancellations must be made at least 24 hour in advance or fee must be paid in full and I am aware there is a \$25 fee for all declined cards.

**This form will be securely stored in your clinical file and may be update upon request at any time. Please note, your credit card will not be charged unless the following conditions apply: no-show for scheduled appointment, cancellation less than 24 business hours in advance, without payment rendered.