

# Credit Card Authorization

By completing the information below, you authorize Creative Healing to charge your credit card at the completion of each session if you do not submit cash or check at the time of service. You agree that no prior-notification will be provided unless the amount changes, in which case you will receive notice from Creative Healing at least 30 days prior to the new payment amount being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize Creative Healing to charge my credit card indicated below for the session fee I agreed upon in my signed welcome packet at the completion of services being provided. I also understand that cancellations charges as outlined in the cancellation policy will be automatically charged to my card on the date of a missed appointment if I do not provide 24 hours prior notice for cancellations.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV # (Security Code) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Creative Healing in writing of any changes in my account information or termination of this authorization at least 24 hours prior to my next scheduled session. I certify that I am an authorized user of this credit card/bank account and will not dispute these authorized transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in my signed agreement with Creative Healing.*