



Coastal Samaritan Counseling Center

Instilling hope and healing

901 N. Kings Hwy., Myrtle Beach, SC 29577
Telephone (843) 448-4820 / Fax: (843) 448-9875

Authorization for Credit Card Charges Form

CANCELLATION POLICY: In the event that you need to miss a scheduled appointment, please extend the professional courtesy of cancelling as early as possible, so that the clinical hour reserved for you may be offered to someone else needing professional counseling services.

Failure to give a reasonable twenty-four (24) hour notification for cancellations to the Center will result in a minimum charge of thirty-five dollars (\$35.00). I understand that a thirty-five dollar (\$35.00) fee will be charged for no-shows and it must be paid prior to scheduling the next appointment.

Your credit card/debit card on file will be charged for the no-show/late cancellation fee.

For your convenience, the Center maintains a voice mail system that records messages 24 hour per day.

You will be charged on the day that you miss your therapy appointment unless other arrangements have been made. The charge will be made under the name **Coastal Samaritan Counseling Center**. You agree that no prior notification is necessary other than this signed document. In addition, outstanding therapy charges will also be billed to this card, unless other arrangements have been made.

Name of Client (please print) _____

Cardholder Name: _____

Account Type: Visa MasterCard Credit Card#: _____

Expiration Date: _____ CVV (3-digit number on back of Visa, MasterCard): _____

Address: _____

Email: _____

I authorize **Coastal Samaritan Counseling Center** to charge this credit card for professional services and/or other charges as agreed above. These charges may include: No Show Fee/ Late Cancellation Fee: \$35.00 and other outstanding therapy charges for which arrangements with the Center have not been made.

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify this practice in writing of any changes in my account information or termination of this authorization as soon as possible.

Signature: _____ Date: _____

Printed Name: _____