

S Shannon Thomas Counseling, Inc
dba Southlake Christian Counseling

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Phone: 817-897-8882 Fax: 817-953-8900

Credit Card on File Authorization

Southlake Christian Counseling requests a 24-hour notice of cancellation be given for all canceled or rescheduled appointments. If the 24-hour notice is not given, the standard session rate of \$135 applies. It is our policy that all clients maintain a current credit card on file to be charged in the event of a late cancellation fee. It is necessary to have this information available due to the high frequency of late canceled appointments that are common in the mental health profession. Your credit card information will be protected along with the rest of your case file. You may choose to authorize the use of the credit card to pay for regular session fees or it will be charged by SCC only in the event of a late canceled appointment. Please advise your therapist of your preference of payment for your regular session fees.

Name as it appears on the credit card: _____

Billing Address: _____
Street address City State

Billing Zip Code: _____

Visa or MasterCard Number: _____

Expiration Date: _____

Card Verification Code: _____
(three digit number on back of card)

I have read and agree to SCC's policy regarding maintaining a current credit card on file to be used for regular session fees and/or late cancellation fees.

Authorized Signature: _____

Date: _____