



Credit/Debit Card Charge Authorization Agreement

I, _____, the holder of the credit or debit card listed below authorizes Labyrinth Counseling to charge my card \$_____ per therapy session.

For sessions that I cancel or do not attend with less than 24 hours notice, I authorize Labyrinth Counseling to charge card \$40.

I understand that notice may be given to my therapist via email or phone call, and if given with more than 24 hours advance notice I will not be charged.

Name as listed on card:

Credit/Debit Card Number:

Expiration date: _____ CVC code: _____

Billing Zip Code: _____

Signature of cardholder

Date