

PAYMENT COVERAGE FORM

I require credit/debit card information to be in your file in the event:

1. Our session is cancelled later than the 24-hour policy.
2. Your appointment is missed without the 24-hour cancellation.
3. A payment is due.

Your information will not be sold or given to a person, business, or organization for any purpose.

Name On Card _____

Card Number _____

Expiration Date _____

3-Digit Code (on back of card) _____

Thank you,

Nancy Wetherell, LPC