

# Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client without enough notice, please note that you will be billed for the entire cost of your scheduled appointment if it is not cancelled within the appropriate time frame (unless such cancellation is due to illness or an emergency).

I understand that, for cancellations without 24 hours' notice, or for a scheduled appointment that is completely missed without notice, I will be billed for the entire session fee.

\_\_\_\_\_  
(Client signature/Parent or Guardian if under 18)

\_\_\_\_\_  
Date

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date