

Marcie J Smith LCPC LLC

115 Campbell Street Ste 122 Geneva, IL 60134

630-457-5544

### CREDIT CARD AGREEMENT

I authorize Marcie J Smith LCPC LLC to keep my signature on file and to charge fees or partial fees to the credit card or debit card listed below. I understand that this authorization is valid until I cancel it in writing.

Cardholder Name: (Please Print) \_\_\_\_\_

Card Type (Circle One) Visa Mastercard Discover Amex HSA FSA

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### CANCELLATION AND MISSED APPOINTMENT AGREEMENT

Services are by appointment only and are scheduled in advance. As your appointment time is reserved exclusively for you, it is my policy to charge a \$100 missed session fee for missed appointments and appointments not cancelled at least 24 hours in advance. Exceptions may be made for emergencies. If the card info is the same, you may write same as above and sign. Please note that HSA and FSA cards can not be used to pay for missed appointments and a different card will need to be added.

Name: (Please Print ) \_\_\_\_\_

Card Type (Circle One) Visa Mastercard Discover Amex HSA FSA

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_