

## Permission to Charge Debit/Credit Card

Please be aware that you are responsible for payment of your bill at the completion of each session unless other arrangements have been made. If your sessions are covered by insurance, please note that you are still ultimately responsible for payment for all sessions, not just your co-pay. Insurance coverage for your sessions is because of a contractual arrangement between you and your insurance company and does not involve me. I bill as a courtesy to you.

Should it occur that you are not paying your bill in a timely fashion, I reserve the right to charge unpaid balances, as well as any processing fees, to your debit card. Please provide the following information so that, in the very rare instance that that should become necessary, I may do that. Of course, I will make every effort to gain payment in the normal fashion, by invoicing you.

It may be that I will make no future appointments for us if you refuse to provide this information and permission. Thank you for your understanding.

I, \_\_\_\_\_, understand that I am fully responsible for payment of services from Linda Bannerman, ClearView Counseling, including missed sessions and late cancelled sessions. I, therefore, agree that Linda Bannerman may charge my debit/credit card for any balance owing as well as any processing fees associated with the billing of this card.

Card type:

Card number:

Expiration date:

CVV code:

Zip code associated with billing address:

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Signature