



### **Credit Card Agreement**

*If you intend to pay by credit or debit card please complete the following*

I authorize Robin Darbonne, MA, LPC to keep my signature on file and to charge fees, or partial fees, to the credit 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            American Express

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

V-Code: \_\_\_\_\_ (3 or 4 digit number on the back of your card, usually next to your signature)

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

### **Cancellation and Missed Appointment Agreement**

*All clients please complete. If same, please write "Same as Above" and sign and date again.*

Services are by appointment only and are scheduled weeks in advance. As your appointment time is reserved exclusively for you, it is my policy to charge for missed appointments and appointments not cancelled at least 24 hour in advance. For appointments scheduled on Mondays, cancellation is necessary by Friday at the scheduled hour. Exceptions may be made for emergencies.

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

Card Type (Circle One):    Visa            Mastercard            Discover            American Express

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

V-Code: \_\_\_\_\_ (3 or 4 digit number on the back of your card, usually next to your signature)

I understand that if I do not cancel my appointment with at least 24 hours notice or if I miss my scheduled appointment, that I will be charged for the full session fee of \$125.00, plus \$25 missed appointment fee for a total of \$150.

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