



SANCTUARY COUNSELING GROUP

**Credit Card Agreement**

**WE ACCEPT VISA & MASTERCARD ONLY**

With this consent, your credit card will be kept securely on file and fees will be applied under the following conditions.

----- I authorize Sanctuary Counseling Group (hereafter called SCG) to apply fees or co-payment following the receipt of services rendered.

----- I authorize SCG to apply a fee to be designated by the therapist (not to exceed the full fee amount) for any services missed and not cancelled within 24 hours of its scheduled time.

----- I authorize SCG to apply any fees that are unpaid after 45 days.

----- I understand that I may revoke this agreement in writing at any time.

**It is my responsibility to provide a valid card. In the event this card expires or has been reissued please contact our business office at 704.375.5354.**

**PLEASE PRINT LEGIBLY**

Date-----

Names (as appears on card)-----

Signature-----

to be used for the following client(s)...

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Card type----- Card #-----

Expiration date-----/----- Security code (three digits on back)-----

Address----- City-----

State----- Zip Code----- Phone number-----