



## Credit Card Authorization

\*Updated September 7, 2016\*

CREDIT CARDHOLDER INFORMATION	
Name on credit card	
Type of credit card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Other:
Account number	
Expiration date	
Security code / CW	
Billing postal code	

In the event that payment is not possible to be made in person, Sarah Schlote reserves the right to charge your credit card manually as per the present authorization. Should your credit card information become outdated or be inaccurate, you will be given the opportunity to make payment via a different method and if payment is still not made, Sarah reserves the right to employ a collections agency to recover unpaid fees. Payment not received within 30 days of the session date will be invoiced at a 5% annual interest rate.

### AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all outstanding charges as invoiced by the Schlote Psychotherapy Professional Corporation (operating as EQUUSOMA), such as for session fees, late cancelation or missed session fees, or for the replacement cost of books borrowed and misplaced or not returned within a month of ending services.

I understand that this credit card authorization form will be shredded after all outstanding fees are paid and my file is closed, out of respect for the privacy of my personal information.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HST # / No. de TVH : 824103246RT0001