

Chrysalis Connections, LLC

Dr. Teresa M. Walters

Natural Relational Health Practitioner, Relationship Specialist,
Marriage & Family Consultant and Educator

Credit Card Authorization Form

I _____, hereby authorize Chrysalis Connections, LLC to charge my credit card account according to the following fee schedule: \$150.00 for each 60-minute, in-person, online or phone appointment. Extended appointments will be charged a rate of \$75.00 for each 30-minute extension. Additionally, I authorize a No Call/No Show/Late Cancel fee equal to the agreed upon fee schedule of \$150.00 for 60-min. in-person, online and phone appointments. I also authorize a charge of \$30.00 for each returned/insufficient fund check.

Visa MasterCard Discover American Express Other ____ (Debit)

Credit Card Number: _____

Expirations Date: _____ / _____

Security Code: _____

Name as it appears on card: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: (_____) _____ - _____

By signing below, I authorize the charges specified above.

Cardholder's Signature

Date

Your completion of this authorization form helps us protect your credit card from fraud. All information entered on this form will be kept in a secured location and subject to all delineated confidentiality standards. Upon termination of the professional relationship, or at the client's request, this credit card authorization form will be shredded.