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Credit Card Authorization Form

I _____, hereby authorize Chrysalis Connections, LLC to charge my credit card account according to the following fee schedule: \$160.00 for each 60-minute, in-person, online, or phone appointment. Additionally, I authorize a No Call/No Show/Late Cancel fee equal to the agreed-upon fee schedule of \$160.00. I also authorize a charge of \$30.00 for each returned/insufficient fund check. A cash or check fee option of \$150.00 for each 60-minute in-person appointment is available. Clients who wish to pay for online or phone appointments by cash or check can utilize prepayment package options.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Other ____ (Debit)

Credit Card Number: _____

Expirations Date: ____/____/____

Security Code: _____

Name as it appears on the card:

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: (____) _____ - _____

By signing below, I authorize the charges specified above.

Cardholder's Signature

Date

Completing 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.