



True Direction Counseling requires a valid credit or debit card to be kept on file for payment of services, including copays, coinsurance, deductibles, self-pay balances, late cancellations, and no-show fees. Your card will be charged only in accordance with this agreement.

Credit / Debit Card Information

(Please print clearly)

Name on Card: _____

Card Type: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____

Security Code (CVV): _____

Billing Address (if different from address on file):

Authorization for Charges

By signing below, I authorize True Direction Counseling to charge the credit/debit card listed above for:

Copays, coinsurance, and deductibles

Self-pay session fees

Outstanding balances not paid at the time of service

Fees related to late cancellations or missed appointments

I understand that I am responsible for ensuring my card information remains current and valid.

Cancellation & Missed Appointment Policy

I understand and agree to the following:

Appointments must be canceled or rescheduled at least 24 hours in advance.

Any session missed or canceled without 24-hour notice will result in a \$50 fee.

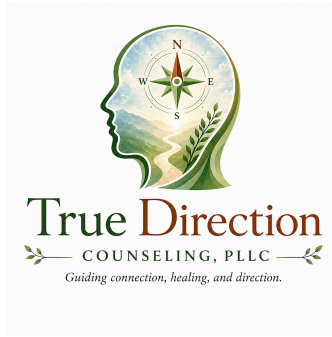
This fee will be charged to the card on file.

Insurance companies do not cover missed or late-canceled appointments.

Exceptions may be made at the discretion of True Direction Counseling in cases of emergency or extenuating circumstances.

Declined or Invalid Card

If a card on file is declined:



I understand I may be required to update my payment information before scheduling future sessions.

Continued failure to maintain a valid card on file may result in suspension of services.

Client Acknowledgment & Consent

I have read and understand the Credit Card on File Authorization and Cancellation Policy. I authorize True Direction Counseling to charge my card as described above.

Client Name (Print): _____

Client Signature: _____

Date: _____

(If client is a minor)

Parent / Legal Guardian Name: _____

Signature: _____