Denver Counseling & Executive Life Coaching Frances Forgione, LCSW, LAC

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ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. Unless otherwise agreed upon, the hourly fee is \$200). The following forms of credit payment are accepted: Visa, MasterCard and Discover, as well as some HSA accounts. For missed appointments of 55-min length with less than 24-hr notice of cancellation given, a \$150 fee may be charged to your account. If your original appointment was shorter/longer than 55 min, the \$150 missed appt fee is prorated.

Client/Cardholder Information:

Please indicate the name & addres	s associated with th	ie credit or debit c	ard you wish	you use.
Name (As it appears on the card):				
Billing Street Address:				
City:	State:	Zip:		
Phone:	Email:			
Card Type (circle one): Visa	MasterCard	Discover	HSA	Other
Card Number:				
Expiration Date:	Security Code (On back)			
I authorize any service fees to be d of charges to new card information I also give permission for my provid	that I provide whe	n the one listed he	ere is outdate	
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