

Denver Counseling & Executive Life Coaching
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ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. 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 \$125 fee will be charged to your account. If your original appointment was shorter/longer than 55 min, the \$125 fee is prorated.

Client/Cardholder Information:

Please indicate the name & address associated with the credit or debit card 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 deducted from the above credit or debit card.
I also give permission to email a statement/receipt if I request.

Cardholder Signature

Date