Transformative VISION

Think different. Do different. Live different.™

Authorization for Credit Card Use

It is the policy of this office to keep a credit card on file for all clients to ensure payment for services.

I authorize Jacqueline Brewington d/b/a Transformative Vision and/or Transformative Vision PLLC to charge the credit card provided below for the following fees if I do not pay them in person when attending treatment:

- Initial Session
- Therapy session
- Late cancellation fees
- No Show/No Cancellation fee
- Returned Check Fee
- Telephone calls between therapy sessions (if longer than 15 minutes), requests for records, or collateral support services).
- Any therapy sessions or other services that are not otherwise reimbursed by insurance

I agree to pay for these purchases in accordance with the issuing bank cardholder agreement.

Client Name: _____

Name on Card: _____

Billing Address: _____

_____

Credit Card Type: Visa _____ MasterCard _____ Discover _____ AmEx _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: (last 3 digits located on the back of the credit card)

_____

Cardholder Signature: _____

Print Name: _____ Date: _____

I wish to receive a receipt for any payments by Mail or Email (check one).

_____ _____

Send receipt to the following address: _____