



FEE AGREEMENT & CREDIT CARD AUTHORIZATION

Client Full Name: _____ Date: _____

I, authorize Sarah Wildwood DBA Sacred Space Northwest, to charge my credit card for professional services as follows:

Please Initial Each Statement. *Cash-only clients initial only the first three statements:*

_____ I understand that my hourly fee for counseling is \$ _____

_____ I agree to pay this fee at the beginning of each session.

_____ I understand and agree that I will be charged my full appointment fee of \$ _____ for cancellations with less than 24 hours notice and for appointments I miss without notice as agreed to in the Professional Disclosure Statement and Consent for Services form I signed.

_____ I understand and agree that the credit card I list on this form can and will be charged the full \$ _____ fee for a missed or late-cancel appointment.

_____ I authorize recurring charges to be billed to this card for services in the amount of \$ _____ per visit & understand that I can choose provide an alternate form of payment at the beginning of any session.

_____ I understand and agree that this card can and will be charged for my balance of unpaid charges.

Circle One:

Visa Master Card Discover American Express

CC #: _____ Exp: _____ CV Code: _____ Billing Zip: _____

I understand this form remains valid unless I cancel the authorization in writing. I will not dispute charges for sessions I have received or appointments I missed according to the above policy.

Client Signature: _____ Date: _____

