Therapeutic Oasis
OF THE PALM BEACHES

CREDIT CARD AUTHORIZATION AGREEMENT

Client Name: _____ **Date:**_____

I authorize *Therapeutic Oasis of the Palm Beaches* to hold the credit card information listed below "on file" for the purposes listed in this agreement. *Therapeutic Oasis of the Palm Beaches* may not use this card for any other purpose unless instructed to do so in writing.

I, the cardholder named below, authorize *Therapeutic Oasis of the Palm Beaches* to charge the designated credit card for the amount(s) and purpose(s) listed below. I understand that if a scheduled appointment is missed or cancelled less than 24 business hours in advance, I will be charged the full fee for the scheduled appointment.

Please check all that apply:

- ☐ Phone/Skype sessions with Therapeutic Oasis Staff
- ☐ Appointments missed or cancelled with less than 24 business hours notice
- ☐ Regularly scheduled office visits with Therapeutic Oasis Staff
- ☐ Group therapy sessions at Therapeutic Oasis of the Palm Beaches
- ☐ Books and services from Sacred Treehouse

Print name exactly as it appears on credit card:_____

Card Number: _____ - _____ - _____ - _____

Security code: _____ Expiration Date: ____ /_____

Address where CC bill is mailed:

_____ _____ _____ _____
Street *City* *State* *Zip*

This agreement is valid until _____ or until the expiration date listed above. I agree to inform Therapeutic Oasis within 14 business days should my credit card information change during this time.

I agree to the terms and conditions of this agreement:

_____ _____
Signature of Cardholder *Date*