**The Center For Hope & Healing**

**25511 Budde Road, Suite 3501, The Woodlands, Texas 77380 www.thecenterforhopeandhealing.net**

**Payment for Services**

* Payment is due at time of service.
* No-shows and late cancellations will be charged the amount of the missed session and payment will be collected at your next appointment, deducted from your credit card on file with me, or billed.
* I accept cash, personal check, American Express, Visa, Discover, Master Card,

**For your convenience, I allow recurring payment authorization:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize The Center for Hope & Healing to debit my credit card for recurring payments for counseling services. I understand this information will be used to remit payment toThe Center for Hope & Healing services rendered and outstanding balances including fees for no-shows and late (less than 24 hours notice) cancellations.

**Visa/MasterCard/AMEX (circle one)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number Exp. Date Security Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name on card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address and zip code