



The Medical Hypnosis & Counseling Center, P.C. | Sandi Y. Squicquero, M.Ed., LPC

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## Credit Card Authorization Form

(Please return by fax to 970-674-0221 or mail to 1180 Main Street, Suite 5B Windsor, CO 80550 before your first scheduled session)

### Cardholder Information

Cardholder name \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_

### Credit Card Information

Card Number \_\_\_\_\_

Expiration date(month/year) \_\_\_\_\_ Billing zip code \_\_\_\_\_

CVV code (on the back of the card) \_\_\_\_\_

This form must be completed and returned at least 24 hours to the first scheduled appointment.

I authorize my credit card to be charged automatically for the full session fee if any of the following occurs:

- I am unable to attend my first session and do not call to cancel or reschedule at least 24 hours prior to my appointment time.
- I do not call or cancel any scheduled appointment with at least 24-hour notice.
- If I am more than 15 minutes late to any session, I will be billed the full session fee and my session may be rescheduled.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

Consultation appointment date \_\_\_\_\_