

Credit Card Information for use with late cancellations and no-shows

This letter certifies that I, _____, authorize

Erin Wick, MA, LPC, CACIII of Perspectives Counseling to store my credit card information and charge my credit card \$105/session in the event of failures to give advance notice of cancellation (must give approximately 24 hours notice to be considered advance notice) and not showing up for a scheduled therapy session (no show).

Printed name of owner of credit card

Date

Signature of owner of credit card