

Gayle Seely Counseling Credit Card Authorization Form

It is our policy to keep your credit card on file for payment purposes. Your Credit Card information is kept securely on file and is accessed only under the specified terms below.

As a part of your treatment records are maintained of all payments and charges. Should you desire, a receipt will be sent to you from Square (the credit card processing company).

If the credit card information on file changes for any reason, you must notify this agency as soon as possible. If you have any questions about a charge, please notify Gayle Seely LLC within 15 business days. After 30 days, all charges will be assumed to be correct.

ANY CANCELED OR MISSED APPOINTMENTS WITHOUT A 72-HOUR NOTICE WILL RESULT IN THE CREDIT CARD ON FILE BEING CHARGED THE LATE CANCELLATION/NO-SHOW FEE OF \$100.00.

In the event of a declined charge, you will be asked for a new credit card number and/or for payment before continuing treatment sessions.

I HAVE READ AND UNDERSTAND THE CREDIT CARD ON FILE AGREEMENT AND AUTHORIZE GAYLE SEELY LLC TO CHARGE MY CREDIT CARD AS STATED ABOVE.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ 3 digit CVV: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

Email address to send receipts: _____

I have read and understand the Credit Card Authorization Form and authorize Gayle Seely LLC to charge my credit card above for the amount due for professional services received. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date