



Jaylee Awakened Ministries, LLC

Credit / Debit Card Payment Consent (Starting 4.1.2022)

Client name:

(Card holder) Name on card if different than client:

Card Type:

Last 4 digits of card number:

Expiration Date:

I authorize Jaylee Awakened Ministries, LLC to charge my credit/debit/health account card for counseling services 24 hours before my scheduled appointment. If I do not cancel my appointment before 24 hours, I will be billed for the full session charge based on service rendered. I will not be refunded, if I cancel late or do not show up for the appointment.

If an emergency is the reason for the no show or late cancel, I understand that the payment received will be applied to cover the expenses for my next scheduled appointment.

I will be responsible for keeping my credit card information updated, within the system to the best of my knowledge to avoid issues with the charging of my card.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment/payment plan is not made within thirty days.

I will bring the physical card to my initial appointment and to appointments thereafter.

Signature of Client: (or Person Authorized to Sign for Client)::

Client Initials::

Card holder Initials (If different than client)::

Date::