

# TREE OF LIFE COUNSELING CENTER

151 North Town Crossing Suite 100 Waxahachie, TX 75165 (469) 552-6610

## FINANCIAL CONSENT AND ACCOUNTABILITY STATEMENT

I, \_\_\_\_\_, AM AWARE THAT I WILL BE CHARGED A FEE IN THE AMOUNT OF MY REGULAR SESSION RATE

- (I) IF I CANCEL MY APPOINTMENT THE DAY OF THE APPOINTMENT (“SAME DAY CANCELLATION FEE”) OR  
(II) (II) IF I FAIL TO CANCEL AND FAIL TO SHOW FOR MY APPOINTMENT (“NO SHOW FEE”).

I agree to the one-time charge to my credit/debit card in the amount of my regular appointment fee in the event that (i) I cancel my appointment the day of the appointment or (ii) I fail to cancel my appointment and fail to show up. \_\_\_\_\_ (initial)

If I same day cancel or miss appointments 2 or more times, I may be required to prepay for my session when scheduling the appointment \_\_\_\_\_ (initial)

If I do not put a credit/debit card on file, I may be required to prepay for my session when it is scheduled. This will be refunded (less the Square fees) if the appointment is cancelled within 24 hours. \_\_\_\_\_ (initial)

If I pay by check for a session and my check is returned for insufficient funds, I agree to bring cash payment for the amount of the check in addition to the NSF fee. If a cash payment is not made in a timely manner, I agree to a one-time charge to my credit/debit card for the amount of the returned check in addition to the NSF fee. \_\_\_\_\_ (initial)

**\*\*\*\*\*This Applies To ALL Clients, Including Those Who Receive a Scholarship\*\*\*\*\***

### Credit/Debit Card Information

Name as it appears on the card: \_\_\_\_\_

Credit/Debit Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (back of card): \_\_\_\_\_

Cardholder's Zip Code: \_\_\_\_\_

All Clients this form applies to: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

If paying by check, please make checks out to “Tree of Life Counseling Center”.