

Safe Space Talk Therapy

5700 Lake Worth Rd, Suite 112
Greenacres, FL 33463
561-254-2245

CREDIT CARD AUTHORIZATION FORM

Jennifer Brugger/Safe Space Talk Therapy requires a credit card to be kept on file to guarantee payment if payment cannot otherwise be made via cash, check, or other agreed upon method of payment. All payments are due at the time of service. **This information is kept private and secure at all times.**

Cancellation Policy

Jennifer Brugger/Safe Space Talk Therapy charges a \$90 fee for missed appointments or cancellations within 24 hours. By entrusting a professional of your choice, it is a testament that you agree to the value of the time and expertise rendered by that professional.

Client Name: _____

Cardholder Name (if different): _____

Credit Card Type: ___ VISA ___ MASTERCARD ___ DISCOVER ___ AMEX ___ OTHER

Credit Card Number: _____ CVV: _____

Expiration Date: _____

Credit Card Billing Zip Code: _____

I, the Client described below, authorize Jennifer Brugger/Safe Space Talk Therapy to charge payments due at the time of service, fees, and invoice balances to my credit card. I have also read and agree to the terms of the cancellation fee policy.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Client: Self Parent/Guardian Other: _____