❑ - **One (1) Time Charge** – You authorize the merchant below to make a one-time charge to your Credit Card or Bank Account listed below.

By signing this form, you give me permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction for either a missed intake session ($300) or for a missed individual, coaching, or group psychotherapy session. Signing this does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Scott Conkright to charge my Credit

Card or Bank Account indicated below for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ (Date).

Reason for Charge: Missed Intake Session

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Information**

❑ - Visa ❑ - MasterCard ❑ - AMEX ❑ - Discover

Cardholder's Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number - \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date - \_\_\_\_/\_\_\_\_

Security Code (CVV) - \_\_\_

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**