



Family Legacy Therapy PC

1350 W Robinhood Drive Suite 7
Stockton CA 95207
209 659-3350

8. Credit / Debit Card Payment Consent¹

By providing Family Legacy Therapy PC with billing account information, such as a debit card, credit card, or pre-paid card, you accept financial responsibility and authorize payment for any and all fees or costs accrued by each person individually or collectively comprising client for services rendered or intended to be rendered by Family Legacy Therapy PC to client. Refunds are not given except in the case of clerical error made by Family Legacy Therapy PC, and you hereby waive the ability to refuse charge (chargeback) for any and all fees or costs accrued by client. If you believe a charge was made in error, you agree to first contact Family Legacy Therapy PC and give Family Legacy Therapy PC the ability to process a refund by check or initiate a refund to the card charged in error. You agree to pay a fee equivalent to the chargeback fee plus other applicable fees as outlined in the agreement.

I authorize Family Legacy Therapy PC to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment. If I do not cancel before 24 hours or if I do not show for the appointment, I recognize that Family Legacy Therapy PC will charge my card for a full session.

Client name:

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

Card Type:

Card number:

Expiration Date:

Security Code:

Zip Code:

Date:

Signature: