

Caring Journey Counseling

151 E. 6100 S., Ste. 315
Murray, UT 84107

Office-(801) 747-1754 **Cell:** (801) 450-6754 **Fax-**(801) 747-1793

As indicated in the Caring Journey Counseling Policies form that you received, you are required to keep a **credit card** on file so I can collect payments, late cancelation/no-show fees, and other unpaid account balances. During the time you leave a credit card on file, if it expires or otherwise becomes uncollectible, you are responsible to promptly provide a new means of payment.

Credit Card Type: _____ Credit Card #: _____

Expiration Date: _____ Security code on back of card: _____

Name on card: _____

Billing address for card: _____

Phone: _____

Email address to send receipts: _____

I hereby authorize Caring Journey Counseling to bill my credit card for any payments, fees, and other unpaid account balances. **Payments are due at the time of service** unless a different arrangement has been agreed upon. **Notice will always be given before an amount is charged as a courtesy to you.**

Signature

Date