



Automatic Payment Processing

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For your convenience, we will use this authorization to charge your credit card for charges incurred as a result of services rendered at **The Balancing Bar, LLC**. Your information will be kept in a secure location to ensure its safety and protection. **Circumstances when your card would be charged, include but are not limited to: missed or canceled sessions without 24-hour notice, unpaid co-payments, deductible and co-insurance, any non-covered services, and denial of services.** Please note that there will be an additional \$30 charge for a non-sufficient funds transaction.

Credit Card Authorization

By signing below, I authorize **The Balancing Bar, LLC** to keep my credit card information on file and charge my credit card through Stripe via SimplePractice for services rendered at The Balancing Bar, LLC. I am responsible without my physical presence at the time of charge. I allow **The Balancing Bar, LLC** to charge my credit card for fees not covered by my insurance company, including co-pays, court fees, or other services not covered by my insurance policy.

These charges will appear on your bank/credit card statement as **The Balancing Bar, LLC**. You have the right to request a paper copy of this document. If I wish to pay for services in another manner, I understand that it is my responsibility to notify **The Balancing Bar, LLC**, and make arrangements to pay for services rendered.

CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not canceled at least 24 hours before the scheduled session].

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify **The Balancing Bar, LLC** in writing of any changes in my account information or termination of this authorization.

If the credit card that I give today changes, expires or is denied for any reason, then I agree to provide The Balancing Bar immediately, **LLC** a new, valid credit card, which I will allow them to key in over the phone. Even though **The Balancing Bar, LLC** is not swiping this card in person, I agree that the new card will still be subject to the financial policy listed here and may be used with the same authorization as the original card that I presented in person.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in

this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

I authorize The Balancing Bar, LLC to disclose my attendance/cancellations to my credit card issuer if I dispute the charge.

I authorize **The Balancing Bar, LLC** to continue to charge my credit card for fees associated with services rendered from the first day of services until the close of my case/child's case.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client's Signature

Date

Charkela Jenea Molden, Ed.S, LPC, NCC

Date