

**S Shannon Thomas Counseling, Inc**  
**dba Southlake Christian Counseling**

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211 East Southlake Blvd, Suite 108  
Southlake Texas 76092  
Phone: 817-897-8882 Fax: 817-953-8900

**Credit Card on File Authorization**

Southlake Christian Counseling requests that a 24-hour notice of cancellation be given for all cancelled or rescheduled appointments. If the 24-hour notice is not given, the standard session rate of \$90.00 applies. It is our policy that all clients maintain a current credit card on file to be charged in the event of a late cancellation fee. It is necessary to have this information available due to the high frequency of late cancelled appointments that are common to the mental health profession. Your credit card information will be protected along with the rest of your case file. You may choose to authorize the use of the credit card to pay for regular session fees or it will be charged by SCC only in the event of a late cancelled appointment. Please advise your therapist of your preference of payment for your regular session fees.

Name as it appears on the credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street address City State

Billing Zip Code: \_\_\_\_\_

Visa or MasterCard Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_  
(three digit number on back of card)

I have read and agree to SCC's policy regarding maintaining a current credit card on file to be used for regular session fees and/or late cancellation fees.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_