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Phone (801)676-8796 Fax (801)676-8797

As indicated in the Payment Policy that you received, Hope Haven Counseling requires you to keep a **credit card** on file so we can collect payment for sessions or No Show/Late Cancel Fees. During the time you leave a credit card on file, if it expires or otherwise becomes uncollectible, we will expect you to promptly provide a new means of payment.

Credit Card Type: _____

Credit Card #: _____

Three digit code: _____

Expiration Date: _____

Name on card: _____

I hereby authorize Hope Haven Counseling to bill my credit card for any co-insurances, deductibles, and other unpaid account balances.

Signature

Date