



**Credit Card Authorization and Consent Form**

I, \_\_\_\_\_ hereby authorize the West Island Therapy Centre to bill payments for services rendered or cancelation fees.

Type of Card:     Visa     MasterCard

Credit Card Number: \_\_\_\_\_

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

Name of Cardholder: \_\_\_\_\_

Credit Card billing address: \_\_\_\_\_  
\_\_\_\_\_

Total amount will be charged in Canadian Dollars according to agreement discussed with your psychologist or therapist.

Authorized Signature of Cardholder \_\_\_\_\_

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honor and abide by the terms of payment. This authorization is in effect until services are terminated.

Thank you

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

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