



# ELEMENTAL COUNSELING & CONSULTING, LLC

CREATING PATHWAYS FOR CONNECTION

## Credit Card/HSA Authorization

By your signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as "Elemental C&C". You have the right to request a paper copy of this document.

I authorize Elemental Counseling & Consulting, LLC to charge my credit card through Stripe.

**CANCELLATION POLICY:** I also agree that my credit card can be charged \$50 for the second missed session and \$100 for following missed sessions that is a "no show". Client does not attend without any notice.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Elemental Counseling & Consulting, LLC in writing of any changes in my account information or termination of this authorization.

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.

X \_\_\_\_\_  
Client Signature Date

X \_\_\_\_\_  
Client Signature Date