Soulful Sage Counseling, LLC

Payment & Card Authorization

Soulfulsagecounseling.com | Soulfulsagecounseling@gmail.com

This form authorizes Soulful Sage Counseling, LLC to keep a payment method on file and to charge it for session fees and related charges, as described in your Informed Consent & Fee Agreement.

Client / Cardholder Information

Client Name

Cardholder Name (if different)

Billing Address

Billing ZIP Code

Phone Number

A note on how your card is stored

For your security, we do not collect or store full card numbers on paper. Your payment method is entered and stored directly in our secure, PCI-compliant payment system through our electronic health record platform. This form documents your authorization to keep a card on file and to charge it — not the card number itself.

What This Authorization Covers

By signing below, I authorize Soulful Sage Counseling, LLC to charge my card on file for the following, consistent with the fee schedule and policies in my Informed Consent & Fee Agreement:

- Session fees at the time of service (or per our agreed billing schedule)
- Late cancellation or no-show fees, per the 24-hour cancellation policy
- Any outstanding balance on my account
- Sliding-scale rate, if applicable, as agreed with my therapist

Duration & Updates

This authorization remains in effect until I revoke it in writing, or provide updated payment information. I understand it is my responsibility to notify Soulful Sage Counseling promptly if my card expires, is replaced, or is otherwise no longer valid, to avoid a lapse in payment or additional fees.

Client Rights

- I may request a receipt or itemized statement for any charge made to my card.
- I may revoke this authorization at any time by providing written notice; I understand that unpaid balances remain my responsibility regardless of revocation.
- I may dispute a charge I believe was made in error by contacting the practice directly.

Acknowledgment & Authorization

By signing below, I authorize Soulful Sage Counseling, LLC to charge my card on file as described above, and confirm that I am the authorized cardholder or have permission from the cardholder to provide this authorization.

Client / Cardholder — Signature *Date*