Susan Denison, MSW, LCSW

1120 W South Boulder Rd Suite 201-G

Lafayette, CO 80026

720.427.8222

Credit Card Information

I give **Susan Denison, MSW, LCSW** my permission to charge my credit card on file for the following reasons:

1. I (or my child) neglected to bring payment at time of service

2. I (or my child) did not give 24 hour notice of cancellation therefore resulting in late cancel fee

3. I (or my child) did not show for scheduled appointment therefore resulting in no show fee

4. I (or my child) would prefer paying all sessions with credit card on file

Please note that Susan Denison, MSW, LCSW will charge your credit card for full amount of session equaling $185.

Susan will also discuss with you before charging credit card on file.

_____ _____

Signature /Date Witness/Date

_____ _____

Name (as it appears on card) Credit Card #

_____ /_____ _____ _____

Expiration Date CVC code Zip Code

PLEASE NOTE- YOUR CREDIT CARD INFORMATION WILL BE SHREDDED AT COMPLETION OF THERAPY SERVICES. THANK YOU.