



Body Psychology

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AUTHORIZATION TO KEEP CREDIT CARD NUMBER ON FILE

Client Name (as it appears on card): _____

Card Type: ___ Mastercard ___ Visa ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ CCV: _____

Billing Address & ZIPCODE for Card:

Email Address: _____

By typing my electronic signature below (or signing and returning) I certify that I am an authorized signer of the credit card detailed above. I authorize Body Psychology to charge my card for retainers and services. I understand that my card will be charged a 3.8% processing fee for all charges. I will be provided a receipt electronically.

Therapy clients: By typing my electronic signature below (or signing and returning) I certify that I am an authorized signer of the credit card detailed above. I authorize Body Psychology to charge my card for late cancel/no-show fees as stated in the Orientation, Consent & Payment Policy Statement. I understand that my card will be charged \$100.00 for the late cancel/no-show appointment if the session booked was a 45-50 session and \$150.00 if the session booked was a 90-minute session. Any other specialized services or service packages will be charged according to the Consent & Payment Policy for those individualized services. I will be provided a receipt electronically.

Signature: _____

Date: _____