



Signature on File

There might be times when your credit card will need to be processed. These include the following:

1. At your request for services provided by or products purchased from Erika Cohane, LCSW or Cathe Reiss, LCSW.
2. For payment for services by or products purchased from Erika Cohane, LCSW or Cathe Reiss, LCSW of which have not been paid within a 4 week period after they were provided.
3. For a cancellation fee should you need to cancel within the 24 hour time period of your scheduled appointment.

You will be informed IF your credit card will need to be processed (for the above stated reasons only) prior to processing. Please complete the following information:

Credit Card #: _____

Expiration Date: _____ CVC: _____ Zip Code: _____

Print Name as Shown on Card: _____

Name of Client: _____

I agree to the information regarding the need to process my credit card and authorize Erika Cohane, LCSW to process the credit card on file for the above stated reasons only.

Signature: _____ Date: _____