

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 \$155.

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.