



Payment Authorization

Lisa Sciarani / Your Path Forward Counseling, LLC (the “Therapist”) may utilize my payment method(s) on file for any balances, including co-pays, late cancellation fees, and no-show fees, without additional authorization.

By signing, I understand and agree with the following terms and conditions:

- My card will be used as the default payment method for ongoing services unless other arrangements have been made.
- My card information will be stored in my file and is protected by encryption software.
- My Therapist is permitted to charge my card without me being physically present. I understand that my card may be charged as soon as at the beginning of a scheduled session, even if the appointment is missed or late canceled.
- I will inform my Therapist immediately if circumstances arise where my card on file should not be charged.
- I have the right to withdraw this consent at any time. I understand that consent cannot be withdrawn retroactively.
- My card(s) will remain on file and may be used as a back-up payment method whenever necessary to pay for services and fees, unless I withdraw this consent.
- I understand that no refunds will be issued under any circumstances for services rendered or assessed fees.

Client Signature

Date