

Henze & Associates: Counseling & Care

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Credit Card Authorization Form

Name (as appears on Credit Card): _____

Billing address of Credit Card: _____

_____ Tel: _____

E-Mail address: _____

Credit Card Type: (circle) MasterCard - Visa - American Express

Credit Card Number: _____ Pin: _____ Exp. _____

Total amount of payment authorized: \$180.94 (with GST \$189.99/session)

Authorized for repeat sessions commencing: _____ / _____ / _____

**I, the undersigned client, acknowledge that I have read and understand
Henze & Associates cancellation policy and authorize them to bill my credit
card for the above amount in the event I do not cancel in the required
(48 hours minimum) time frame.**

Date: _____ Signature: _____

***To confirm your acceptance of these terms, please print, fill out this form
and then fax it to us along with the consent form to the fax number above.***

Please book session via telephone or e-mail before sending us this form.