

Candy Smith, MS, LLC

CREDIT CARD PAYMENT POLICY

Your Credit Card will be kept on file and charged the agreed-upon fee after each session/appointment.

I require 24 hours notice to cancel or change an appointment. Your credit card will be charged my regular full fee for no-shows or cancellations failing to provide this adequate notice.

By providing the information below, I acknowledge I have been made aware of this policy and am authorizing Candy Smith, MS, LLC to charge my credit card for appointment/cancellation fees.

Credit card information

Card Number_____

Exp. Date _____ CVC/Verification_____

Name of card holder_____

Zip Code_____ Signature_____