



FINDING | FORTITUDE | COUNSELING

**Permitted use when late-cancel/no-show policy goes into effect with client
OR if client prefers for therapist to run card manually for each session:**

Card Type: _____

Card Number: _____

Expiration: _____

Zip Code: _____

Security Code: _____

Client Signature: _____

Thank you for your services and cooperation with the FFC policy.

For Office Use Only:

Reason for Charge:

Late-Cancel (< 24hr prior to appt.) _____

No-Show/Missed Appt. _____

Sickness _____

Emergency _____

Other _____

215 Walnut Street, Suite 1

Gadsden, AL 35906

256.459.4829

crystal@findingfortitude.com