

Lana Royle, Royle LLC  
12401 South 450 East Suite B Draper, Utah 84020  
**Phone: 801-979-0544**  
**Email: lana@roylecounseling.com**

**AUTHORIZATION TO KEEP CREDIT CARD NUMBER ON FILE**

As per the Financial Payment Agreement, I understand I will be responsible for full payment of all charges for services rendered. I also understand I will be billed for broken appointments (appointments cancelled without a 24 hour advance notice). I therefore authorize Lana Royle, Royle LLC, to keep a credit card number on file and to use it to charge for missed appointments or services rendered.

Cardholder's name (printed) \_\_\_\_\_

Cardholder's  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Card Billing Address  
\_\_\_\_\_

I, the undersigned, am an authorized signer of the credit card detailed above. I authorize Lana Royle Royle LLC, to use the credit card information above to pay for broken appointments and/or outstanding fees, which include but are not limited to co-payments and services rendered that are not covered by insurance. I will be provided a copy of my receipt electronically or by mail (to billing address above).

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_