A close up of a address

Description automatically generated 

**Credit Card / Blue Cross Payment Information**

*This form authorizes agents of Freedom & Hope Counselling & Therapeutic Services (FHCTS) to make payment for a session booked between a client of FHCTS and their therapist.*

Pre-payment is required at the time of booking for any upcoming sessions. Session fees will be returned if client needs to cancel as outlined at [Agreement Pkg. | FHCTS.ca](https://www.fhcts.ca/agreementpackage). An email will be sent immediately following any charge to this credit card from FHCTS. This information will be destroyed immediately following the end of services with this client or otherwise advised by card holder.

**For Credit Card *– Blue Cross Information is on the next page below***

**Information of Card Holder**

*In filling out and submitting the information below, you agree that FHCTS can pay for treatment sessions for the client named above, from your credit card.*

|  |  |
| --- | --- |
| **First & Last Name:** | |
| **Phone Number:** | **Email** |
| **Street Address:** | **City:** |
| **Postal Code:** | |

**Credit Card Information**

|  |  |
| --- | --- |
| **Card Number:** | **Expiry Date** |
| **CVV Security Code:** | |

**Name of the person who filled out this form:**

**Date form was filled out:**

**For Blue Cross**

**Legal Name:**

**Group number:**

**ID number:**

**Date of Birth:**

**-** in **YYYY-MM-DD form**