

PLEASE PRINT

I \_\_\_\_\_, authorize Brayden Supervision Services Inc. to charge my credit card for services provided. I acknowledge that my card will be kept on file and charged prior to each scheduled visit.

**CARDHOLDER INFORMATION:**

VISA     Master Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVC (code next to signature): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**RATES:**

Supervised Access Visits - \$55/hr + HST (3 hour minimum per visit)  
Supervised Transfers - \$55/half transfer +HST - \$110/full transfers + HST  
Family Support Service - \$60/hr + HST (3 hour minimum per visit)  
Therapeutic Access Consultation - \$85/hr + HST  
Therapeutic Access Visits - \$65/hr + HST  
Supervised Visit Notes - \$25/visit + HST  
Therapeutic Access Summary Notes - \$65/hr + HST (based on number of visits)  
Cancellation Fee - \$25 (if visit is canceled after confirmation from both parties)  
Cancellation Fee if visit canceled within 24 hrs of scheduled start time - Full fee  
**ALL PAYMENTS ARE DUE 24-48 hrs PRIOR TO SCHEDULED VISIT START TIME.**