

PLEASE PRINT

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

CARDHOLDER INFORMATION:

VISA Master Card Debit Card

Name: _____

Full Address: _____

Phone Number: _____

Credit Card Number: _____

Expiry Date: _____ CVV #: _____

Cardholder Signature: _____

Today's Date: _____

Rates:

Intake Fee - \$150/person + HST

Supervised Parenting Time – \$60/hour + HST (3 hour minimum per visit)

Supervised Transfers – \$60/transfer + HST

Supportive Parent Program – \$65/hour + HST

Nurturing Parent Consultation – \$150/person + HST

Nurturing Parent Parenting Time – \$65/hour + HST

Supervised Parenting Time Notes – \$30/visit + HST

Cancellation Fee – \$25 (if visit is cancelled after confirmation has been sent to both parties)

Cancellation Fee if visit canceled within 24 hours of the scheduled start time is the full fee.

ALL PAYMENTS ARE DUE 48 HOURS PRIOR TO THE SCHEDULED SERVICE START TIME.

www.braydensupervision.com