

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: \_\_\_\_\_

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

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

**RATES:**

Intake Fee \$125/person + HST

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

Supervised Transfers - \$60/transfer + HST

Family Support Service - \$65/hr + HST (3 hour minimum per visit)

Nurturing Parent Consultation - \$150/person + HST

Nurturing Parent Visits - \$65/hr + HST

Supervised Parenting Time Notes - \$25/visit + HST

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 48 HRS. PRIOR TO SCHEDULED VISIT START TIME.