

## AUTHORIZATION FOR RECURRING CREDIT CARD CHARGES

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name

Tamar Lubitsh

You agree that no prior notification is necessary unless the amount billed each time exceeds \$ \_\_\_\_\_ (*per session charge*), in which case you will receive notification in advance.

Name of Client \_\_\_\_\_

Account Type:      Visa      MasterCard      American Express      Discover

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

Account Number: \_\_\_\_\_

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

Billing Zip Code: \_\_\_\_\_

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx): \_\_\_\_\_

I authorize \_\_\_\_\_ (*practice or therapist name*) to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session: \$ \_\_\_\_\_

Self-pay for session or payment for session not covered due to deductible: \$ \_\_\_\_\_

Charge for cancellation without 24 hours' notice: \$ \_\_\_\_\_

Other charges [*specify*]: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card User: \_\_\_\_\_

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