Providence Psychotherapy, LLC Patti McCurdy, LMFT

 **CREDIT CARD/DEBIT CARD PRE-AUTHORIZATION FORM FOR THERAPY SERVICES, MISSED APPOINTMENTS, AND PAST DUE STATEMENTS**

1) If you miss an appointment without texting 478-396-8388 more than 24 hours prior to your appointment time, we  charge your card the missed appointment fee of $50.00. This fee is not covered by insurance. There are no exceptions to this policy.\*\****You cannot cancel and appointment by responding to the appointment reminder text or email.*** 2)  In the event that you have an outstanding balance past 60 days your card will be charged for the outstanding balance. 3) I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize the use of this card for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s regular session fees.

I authorize Providence Psychotherapy to keep my signature on file and to charge my credit card account for recurring charges of $50.00 for any missed appointment in which I have not cancelled greater than 24 hours in advance, for regular charges if indicated above and for any outstanding balances past 60 days.

I understand this form is valid and legally binding. I will not dispute charges (“charge back”) for sessions I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Providence Psychotherapy, LLC to disclose information about my attendance/cancellation to my credit card issuer if I dispute the charge. By signing below I attest I have read and agree to this policy.

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

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

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_