

Credit/Charge/Debit Card Preauthorization

Please note that this form will be securely stored in your clinical file.

I authorize Rhonda Taylor MA, MFT to keep my signature on file and to charge therapy session fees (individual, group, couples, family or other), or partial fees as agreed upon, and any therapy related materials (workbooks, DVD's, CD's and other materials) and for any appointments with Rhonda Taylor that are not cancelled by the client within 48 hours of the scheduled appointment time to be charged to my credit, charge, or debit card account as filled out below for services provided: **If you intend to utilize a credit card for ongoing services, fees will be charged the day of your appointment or prior to your appointment time within the 24hours of your appointment.**

(Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that charges for on-going services or materials will normally be posted to my credit/debit/card account within 3-to 7 business days of each session date. Additionally, I agree that the card listed below may be charged by Rhonda Taylor in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services. I understand that if a charge back fee of \$35 is incurred (i.e. I have listed an incorrect card below and request that the fee be charged back), or a retrieval fee of \$35 is incurred (i.e. I choose to dispute the charges), I am responsible for these fees. **I further understand that should I choose to pay for therapy sessions with a credit card, debit card, rather than a personal check or cash, a fee of 4.3% may be added to the client's session payment per session in order to cover the transaction fee.**

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact Rhonda Taylor for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Rhonda Taylor and those attempts have failed.

Signature _____ Date _____

Cardholder Name (please print): _____

Billing Address (where statements are mailed): _____

City: _____ State: ____ Zip: _____

Card Type (circle one): Visa Mastercard Discover

Acct. Number: _____ Exp. Date: _____

V-Code: _____

(The V-code is the 3-4-digit number on the back of your card by your signature, usually after the account number.)

Cardholder Signature: _____ Date: _____