

Debit/Credit Card Pre Authorization Form

I _____ authorize Alice Petty-Hannum, MFT to keep my signature on file and to charge my Visa, Mastercard, American Express or Discover account for recurring charges of \$ _____ per psychotherapy session.

I understand that this form is valid for the duration of treatment unless I cancel the authorization in writing. I agree not to dispute charges (“charge back”) for sessions that I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Alice Petty-Hannum, LMFT to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Client Name

Cardholder Name

Cardholder Billing Address

City _____ State _____ Zip _____

Card Type (Visa/ MC/ Amex/Discover)

Account Number Expiration Date

Cardholder Signature and Date

Client signature (if different than cardholder)