

Authorization for Payment

In an effort to streamline appointments and minimize time spent during session collecting payments, I will keep a Credit/Debit/HSA card on file. The day of your appointment, I will run the card listed below. Should there be any issues with payment, I will contact you directly so that we can take care of this at our appointment.

By signing below, you are authorizing collection of your agreed upon fee of \$_____. This fee will be charged the day of your appointment.

Signature _____ Date _____

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____ Zip Code _____

Please indicate if you would like an email receipt _____ If yes, email address to send
receipts _____

Please indicate if you would like a monthly Superbill _____