

Rebecca Kahane, LMFT  
Licensed Marriage & Family Therapist  
License #MFC 37382

## CREDIT CARD PRE-AUTHORIZATION

I authorize **Rebecca Kahane, LMFT**, to keep my signature on file and to charge my Credit Card for payment of my session(s) in the amount established by my provider of \_\_\_\_\_, for the following purposes:

(Amount)

- ✗ For a No-Show or missed session(s) without a 24 hour cancellation notice.
  - ✗ For a phone, FaceTime or Zoom virtual session(s).
  - ✗ For past due sessions.
  - ✗ For sessions paid by a third party (not the client).
- I understand that my card will be charged in the event that I fail to provide payment in full at the time of my session. I will be notified, via text, by my provider that the missed session or the past due session payment will be applied to my credit card on file.
  - **Please note**, if a credit card is used for payment at the time of the session or for any of the reasons mentioned above, your fee per session will increase by \$10.00. Therefore, the session fee will appear to have increased by \$10.00 on your Square receipt and credit card statement.
  - I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy.

Client's Name: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Visa       Master Card       American Express

Acct. # \_\_\_\_\_

CSC# \_\_\_\_\_

(3 or 4 -digit # on back of card)

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_