

# CREDIT CARD PRE-AUTHORIZATION

## For Use By Richmond St. Counseling Center

I authorize **Rebecca Kahane, LMFT**, to keep my signature on file and to charge my Credit Card for payment of my session in the amount established by my provider

\_\_\_\_\_ for the following purposes:

(Amount)

- × For a No-Show or missed session(s) without a 24 hour cancellation notice.
  - × For a phone, FaceTime or 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 only in the event that I fail to provide payment in full at the time of my session. I will be notified, verbally, by my provider that the missed session or the past due session payment will be applied to my credit card on file.
  - I also understand that if I want to use my credit card for live session(s) that I will make a payment at the end of the session I will be attending using the **physical credit card**.
  - **Please note**, if a credit card is used for payment at the time of the session or for any of the reasons mentioned above, a \$6.00 service fee will be added to the cost of the session.
  - 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-digit # on back of card)

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