



**Credit/Debit Card Payment Authorization Form**

Sign and complete this form to authorize Maggie Weisenberger, LCSW-S, RYT to charge your credit/debit card listed below. By signing this form you give Maggie Weisenberger, LCSW-S, RYT permission to charge your credit/debit card for the amount indicated on or after the indicated date. This is also permission to charge for continued scheduled therapy sessions. This is also permission to charge for any/all appointments not canceled within the 24 hour time frame as per the agreement and consent signed before a therapeutic relationship commenced.

Please complete the information below:

I \_\_\_\_\_ authorize Maggie Weisenberger, LCSW-S, RYT to charge my credit/debit card (Full name) account indicated below for \$\_\_\_\_\_ (Amount) on and/or after \_\_\_\_\_(Date)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

- Account Type: Visa      MasterCard      AMEX      Discover
- Cardholder Name \_\_\_\_\_
- Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

I authorize Maggie Weisenberger, LCSW-S, RYT to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for psychotherapeutic services for the amount indicated above. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_