## Center for Integrative Psychology

## Credit Card Authorization

The fee for any session canceled or missed without a 48 hours prior notice is \$150

I also understand that overdue co-payments and deductibles, document preparation fees, cost for attendance at meetings as well as late cancels, no shows, checks returned for non-sufficient funds and related bank fees will be charged to my credit card account.

Please note that there is a 3.75% terminal fee for all payment cards used to pay by clients (debit, credit, HSA...etc.)

I give the Center for Integrative Psychology permission to charge my credit card for:

\_\_\_\_ Regular ongoing Co-payments and deductible costs

\_\_\_\_ Co-payments, deductible, and any other costs over 30 days in arrears

Late cancels, no shows, and non-sufficient funds fees

Type of Card:	MC	Visa	American Express	Discover
Type of Oard.	INIC	visu	American Express	DISCOVCI

Name on the card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV2: \_\_\_\_\_ Zip Code on billing statement: \_\_\_\_\_

Numerical Portion of the Billing Address: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_