

**Sandee Isaacs, LCSW**  
**678-948-8390**  
**sandeelcsw@gmail.com**

## **Credit Card Authorization Form**

I, \_\_\_\_\_, authorize Sandee Isaacs, LCSW to use Ivy Pay  
(Name of financially responsible party)

to charge my credit/debit/FSA/HSA card for the following:

- Initial Intake and Evaluation session (1.5 hours)
- All individual, couples, or family counseling sessions (50 minutes)
- Any appointment missed or canceled with less than 48 hours' notice
- Additional time, telephone calls, home evaluations/travel charge

I do not keep any credit card information on file. I will send you a secure link to enter your information into Ivy Pay, a payment platform that allows you to securely store your credit, debit FSA or HSA card.

By signing below, I certify that I will enter into Ivy Pay the card information that is true and accurate and that I am an authorized user on the credit, debit FSA or HSA card. I authorize Sandee Isaacs, LCSW to charge fees automatically and on an ongoing basis for the services that apply. I understand that I am responsible for notifying Sandee Isaacs, LCSW if my credit/debit FSA or HSA card information needs to be updated. Sandee Isaacs, LCSW, agrees to ONLY charge for services rendered or for appointments missed or not cancelled 48 hours in advance. I understand that if I wish to cancel an appointment I will need to text or call Sandee Isaacs at 678-948-8390 and receive confirmation that your message has been received.

Financially Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Print Client Name: \_\_\_\_\_