**Betsy Rubel, PhD**

**ACH Payment Authorization Form**

Schedule a recurring payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

**Here’s How ACH Payments Work:**

By completing this form, you authorize a regularly scheduled charge to your checking or savings account. This charge will be made for each appointment held and for cancellations made with less than 48 hours’ notice. You will be charged the amount shown below. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an “ACH Debit.” You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Betsy Rubel, PhD, to charge my bank account indicated below for

(full name)  
  
the following scheduled amount for payment: **Amount: $335**

Recurring Payment Schedule

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

End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If left blank, the end date is when treatment is terminated or you request to stop electronic charges in writing.

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typical frequency is weekly. Please note, you will only be charged for scheduled sessions.

**Bank Information Account Billing Address**

|  |  |  |
| --- | --- | --- |
| Checking  Savings  Name on Acct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  check_crop |  | Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_  Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Betsy Rubel, PhD, in writing of any changes in my account information or of termination of this authorization prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Betsy Rubel, PhD, may at her discretion attempt to process the charge again within 30 days, and I agree to an additional $20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.  I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.