



*Resilient Hearts Therapy*

## CREDIT CARD AUTHORIZATION

Full name of individual responsible for payment (as it appears on credit card)

Billing address (address where statement is mailed)

City

State

Zip

(Area code) Phone number

Credit Card Type (circle):

**VISA    MASTERCARD    AMEX    DISCOVER    OTHER:** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: month: \_\_\_\_\_ year: \_\_\_\_\_

Authorization code (on back of card): \_\_\_\_\_

Billing zip code: \_\_\_\_\_

Financial agreement/client cost per session: \$200 other fees/type: \$275 intake/\$200 cancellation

\*Insurance (billed through Alma): \_\_\_\_\_

By signing below, you agree to authorize Resilient Hearts, LLC / Maryjoy Kearns, LPC to bill your credit card directly for all missed appointments (canceled with less than 48 hour notice, according to the cancellation policy), for any session fees you authorize to bill, and/or for any outstanding debt.

\*Insurance clients understand and agree to authorize credit card payments for any fees/debts as described above.

Client/Guardian Name Printed

Client/Guardian Signature

Date