

Melody Jazeb, LCSW, BCD  
Psychotherapy and Counseling Services  
(626) 873-1335  
Melodyjazeb@lcsw.com  
melodyjazeb@gmail.com

### Credit/Charge/Debit Card Preauthorization

I authorize Melody Jazeb, LCSW, BCD, to keep my signature and card information on file and to charge therapy session fees (individual, group, couples, family or other), or partial fees, and any fees related to appointments with therapist Melody Jazeb, LCSW BCD, that are not cancelled by the stated client within 24 hours of the scheduled appointment time to be charged to my credit, charge, or debit card or flex spending account as filled out below for therapy services provided to:

Therapy Client's Name:

Authorization to charge account on file will remain valid until canceled in writing. Charges for on-going services or materials will normally be posted to my credit/debit/flex card account within 72 hours of each session date if client selects to pay that session by credit card. Additionally, the card and account on file can be charged to settle any outstanding balances accrued by the above listed client upon termination of therapy and counseling services within one week of termination. I understand that if a charge back fee incurred (i.e. incorrect card information was provided below and request that the fee be charged back), or a retrieval fee is incurred (i.e. choose to dispute the charges), the client listed above is responsible for these fees.

Please contact Melody Jazeb, LCSW BCD, for assistance and/or disclosure regarding charges to listed account or if the charge fails to post to the account listed. By signing below, you are agreeing to wait rectify the situation involving payments and charges directly with Melody Jazeb, LCSW BCD, with three attempts prior to disputing any charges with the company in charge of the credit card account.

Further, if the card or account listed is associated with another individual (not the client), the individual outside of the working relationship is not entitled to information pertaining to confidential therapy sessions as provided by Melody Jazeb, LCSW BCD, .

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Name (print): \_\_\_\_\_

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

Relationship to client: (i.e. self, parent, etc.)

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Signature:

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### **CREDIT CARD INFORMATION**

Cardholder Name (please print):

Relationship to client listed on page

Card Type (i.e., Visa, Discovery, etc.):

Card Number:

Exp. Date:

CVV:

Billing Address (of the card listed)

Cardholder Signature:

Date:

### **OTHER ACCOUNT INFORMATION**

Account type: (Paypal, Venmo, etc):

Account name:

My signature below authorizes Melody Jazeb, LCSW, BCD, to charge the aforementioned account for balances not paid within one week of services rendered.

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

Relationship to client: (i.e. self, parent, etc.)

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