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CREDIT CARD AUTHORIZATION

Sport Psych Studio
Melanie Jambrosic, M.A., M.S.

I, the undersigned, authorize Melanie Jambrosic, M.A., M.S. to charge my credit card in the event that I (or the party for whom I am financially responsible) fail to show up for a scheduled appointment, or do not notify the Contractor at least 24 business hours in advance for a canceled meeting, as agreed to in the Consultation Agreement. I also authorize to charge my credit card in the event of a phone or Video (doxy.me) session. Furthermore, for outstanding payments of services rendered, I authorize charges to my credit card for the full amount due. I agree not to dispute charges for any of these reasons. I further authorize Melanie Jambrosic, M.A., M.S., to disclose information about my attendance or cancellation to my credit card company if I dispute a charge. This form will be securely stored in a clinical file and updated upon request at any time.

Card Type: VISA MASTERCARD DISCOVER AMEX

Card #: _____

Expiration Date: _____ Verification/Security Code:_____

Name (as printed on card): _____

Billing Address: _____
(Street, Apt or Suite#, City, State & Zipcode)

Signature: _____ Date:_____
(Client or financially responsible party)