

Positive

Mind

Therapy



Credit / Debit Card Payment Authorization Form

I authorize Positive Mind Therapy, LLC to charge my credit/debit/health account card to pay for counseling sessions, missed appointments, cancelled appointments given less than 24 hours notice and to make payments on my account.

Type of Card (circle): Amex Discover MasterCard Visa Debit HSA FSA

Card Number _____ - _____ - _____

Name Printed on Card _____

Client Name _____

Expiration Date _____ / _____

CVC (3 digit code on back of card) _____

Zip Code for Card _____

By signing below, I certify that the above information is true, accurate, and that I am an authorized user on the account. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I authorize Positive Mind Therapy, LLC to keep my credit card information on file and charge any fees that are my responsibility. (Fees are outlined in the Financial Fees intake paperwork.)

Charges include, but are not limited to, missed appointments. Charges are also for cancelled appointments given less than 24 hours notice.

Signature _____ Date _____ / _____ / _____