

**Authorization for Credit Card Use For Last Minute Appointment
Cancellations & No Shows**

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I understand that my credit card will only be charged in the event that I do not provide the adequate 24-hour cancellation notice, or fail to show up for a scheduled session without prior cancellation, and that I will be charged the full amount of my session. I also understand and agree that this form may be submitted to the bank/credit card company in the event of any credit card disputes over my session charge that result in attempted charge backs. I authorize Ali Dubin, PsyD, CPC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____