

L. Chris Cannida, MS, LPC

918.344.7551

www.chriscannida.com

Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions or other charges accrued as a client in this practice. You will be charged the day of your scheduled therapy appointment unless other written arrangements have been made. You agree that no prior notification is necessary unless the amount billed each time exceeds the typical charge as indicated in the **Office Policies and Fee Schedule** in which case you will receive notification in advance. Should your "card on file" information change, you inform this office immediately. **Note: A card on file is required in order to schedule appointments**, though cash payments are also accepted.

Name of Client _____

Account Type: Visa MasterCard American Express,(AmEx) Discover

Cardholder Name _____

Account Number: **Card Information on File Electronically via Square**
DO NOT WRITE DOWN YOUR CREDIT CARD INFORMATION - Full Card Info will be taken verbally at the time of your first appointment and stored electronically for security purposes.

I authorize L. Chris Cannida, LPC to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session; deductibles owed

Self-pay for session or payment for extended session not covered by insurance

Charge for cancellation without 24 hours' notice

Other charges (assessments, books, record requests, court-related disclosures, etc.):

I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next expected payment.

Signature of Authorized Credit Card User:

_____ Date: ____/____/____