



## **Credit Card Information/Authorization**

Payment for services by either major credit card, debit card, or Health Savings Account Cards

By your electronic signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as [SHANNON SCHALLERT]. You have the right to request a paper copy of this document.

I authorize Shannon Schallert, LCSW-R to charge my credit card through Stripe. I understand that my card will be charged immediately following my completed session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Shannon Schallert, LCSW-R in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

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