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Payment Information Update & Authorization Form

Client Name: _____ **Date:** _____

Updated Payment Information:

Name on Card: _____

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____

Billing Zip Code: _____

Authorization for Payment:

I authorize Therapy with Tommy to charge the above credit/debit/HSA card for psychotherapy services and any applicable fees in accordance with the practice's financial policy.

I understand that:

- My card will be charged for services rendered.
- Missed appointment or late cancellation fees may be charged in accordance with the cancellation policy.
- I am responsible for notifying the practice of any changes to my payment information.
- This authorization will remain in effect until I provide written notice revoking it.

I certify that I am an authorized user of this card and that I will not dispute charges for services rendered in accordance with the practice policies.

Client Signature: _____

Printed Name: _____ **Date:** _____