

Carolyn Ratley, MS, LMFT

WA License #LF00002687

Tel: (206) 588-5140

Email: ratleylmft@gmail.com

Web: www.carolynratleylmft.com

Payment Authorization Form

Set up your payment to be automatically charged to your credit card. Just complete and sign this form to get started.

Please complete the information below:

I _____ authorize Carolyn Ratley LMFT to charge my credit card indicated below for therapy services, missed therapy appointments or outstanding balances while I am a current client.

Billing Address _____

City, State, Zip _____ Phone# _____

Email _____

Credit Card

Visa Master Card

Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ Security Code _____

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Carolyn Ratley LMFT in writing of any changes in my account information of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card account and will not dispute these transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.