

## Carolyn Ratley, MS, LMFT

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### Payment Authorization Form

The following allows you to set up your payment to be automatically charged to your credit card. Just complete and sign this form to get started. I use a billing application called IVY Pay. This allows you to store a credit card on file and be charged automatically for co-pays or outstanding payments.

**Please complete the information below:**

I \_\_\_\_\_ authorize Carolyn Ratley LMFT to charge my credit card through IVY pay for co-pays, therapy services, missed therapy appointments or outstanding balances while I am a current client.

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.