

**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.**

If you choose not to use IVY pay please provide a full session fee of \$130 that will be used for payment of any no show or late cancelations. This payment will be refunded at time of termination of services.

**X**

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Client/Parent or Guardian