

AUTHORIZATION FOR RECURRING CREDIT CARD CHARGES

This form allows clients to authorize recurring charges on their credit cards without having to sign a separate authorization for each charge. It can increase your collection rate and minimize the time and effort involved in obtaining payment for each session.

To use this form effectively, it is important to have a conversation with clients about their financial obligations and expected charges for professional services and associated fees (*see the form Ethical Payment Practices for Therapists*). Clients should know what to expect.

This form can be customized to meet the needs of your practice and the individual circumstances of your clients. All information in brackets should be replaced with your practice-specific information, and you may choose to make other modifications to be consistent with your office policies and procedures.

As a practical matter, it is important to check that clients have written their information legibly when they fill out the form. It is also critical you maintain this sensitive financial information in a highly secure manner and that you inform clients of how you safeguard their credit card details.

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For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name

(practice or therapist name as listed with your credit card processing service).

You agree that no prior notification is necessary unless the amount billed each time exceeds \$_____ *(per session charge)*, in which case you will receive notification in advance.

Name of Client _____

Account Type: Visa MasterCard American Express Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

Billing Zip Code: _____

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx): _____

I authorize _____ *(practice or therapist name)* to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session: \$ _____

Self-pay for session or payment for session not covered due to deductible: \$ _____

Charge for cancellation without 24 hours' notice: \$ _____

Other charges [*specify*]: _____ \$ _____

_____ \$ _____

I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card User: _____

Date: _____