**Credit Card Authorization**

**For Amy L Moore MA LLC**

(New clients must have credit card on file to receive services at this office.)

This form serves asyour consent to make payment to Amy L Moore MA LLC for individual, family, and/or couples psychotherapy services rendered, as per the attached fee schedule agreement, and your treatment is conditional on your signing this consent form. This form will be securely stored in your clinical file.

**The cancellation policy for services is as follows:**

Sessions must be cancelled at least 24 hours in advance or else you will be charged the full fee for the session. The exception to this is that you will not be charged in the event of an extenuating circumstance (for example, an illness) that necessitates a last-minute cancellation **the first time this happens**. Any future last-minute cancellations will be charged for, no matter the circumstances. Also, any sessions that you do not show up for without notifying me (**“no shows”**) will be charged for in full.

By signing this agreement, you give Amy L Moore MA LLC permission to charge the credit card listed on this form for any cancellation fees assessed as per the above stated agreement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Amy L Moore MA LLC to bill my credit card at the usual fee for professional services per the fee schedule:

Credit Card Type (check one):

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ HSA (Health Savings Account)

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification/Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I am authorizing Amy L Moore MA LLC to bill my credit card at the usual fee for professional services. I will not dispute charges (“charge back”) for sessions I have received or appointments I have missed according to the above policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_