



## Authorization for Recurring Credit Card Payments

Firmly Rooted Counseling & Consulting, PLLC

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 Firmly Rooted Counseling & Consulting, PLLC.

You agree that no prior notification is necessary unless the amount billed each time exceeds the rates listed below, in which case you will receive notification in advance.

Name of client \_\_\_\_\_

Account Type: Visa   MasterCard   American Express   Discover
Name (as it appears on the card) _____
Account Number _____
Expiration Date _____
CVV (code on back of card) _____
Billing Zip Code _____
E-Mail Address (for Receipts) _____

I authorize Firmly Rooted Counseling & Consulting, PLLC 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 required 24-hour notice \$ \_\_\_\_\_

Other charges: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

I understand that 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: \_\_\_\_\_