

CREDIT CARD AUTHORIZATION FORM

Background / Purpose

- In order for you to participate in therapy treatment services with me, I require a valid credit card to be maintained on file for your case. The purpose of this form is to document an agreement between us, that you authorize me to maintain your credit card information on-file, and to bill your card for services I provide you.
- In addition to this *authorization* form, you will get a *Credit Card Information* Form through your client portal, where you will provide your cardholder name, card number, expiration date, CVC number, and billing zip code via the Simple Practice secured web application. You will need to complete this form prior to your first session.

Credit card on file is the default primary method of payment

- Most clients prefer to use the credit card on file as the primary method of payment for therapy sessions. The card is automatically billed on the day your session is conducted. This enables convenient, hassle-free billing, instead of us taking time to write-out a check or a receipt for cash payment during sessions.
- If you prefer to use a different method of payment other than the credit card on file, please make arrangements with me to pay by personal check or by cash.

Other Authorized Charges

The credit card on file will be used if needed to collect fees as outlined in the Informed Consent for Psychotherapy and Practice Policies document.

Updating your Credit Card on File

- If your card expires, or is lost or stolen, or if you desire to use a different card as your credit card on file, please notify me and I will send you a new Credit Card Information Form for you to update.

Termination

If you decide to terminate services with me, you may withdraw your authorization for me to charge your credit card, and your withdrawal of this credit card authorization agreement will take effect after all outstanding balances related to your case have been paid. If you wish to withdraw authorization for me to charge your credit card, you may do so by notifying me in writing.

Execution of This Credit Card Authorization Agreement

Client print name: _____

If the person whose name is on the credit card ("Card Holder") is not the same person as the Client, then the Card Holder must also sign this agreement.

Card Holder print name: _____

By your electronic signature of this form, you, the client (or the client's personal representative where applicable):

- authorize ERIN KEHRIER, LCSW to charge your credit card through Stripe via SimplePractice for services rendered as described in this Credit Card Authorization Form and in the Informed Consent for Psychotherapy and Practice Policies document. These charges will appear on your bank/credit card statement as ERIN KEHRIER, LCSW.
- certify that you are an authorized user of this credit card and will not dispute these transactions with your bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form and the Informed Consent for Psychotherapy and Practice Policies document.
- acknowledge that credit card transactions could be linked to Protected Health Information.
- agree to maintain your credit card information on file with ERIN KEHRIER, LCSW throughout the duration of your therapy relationship.
- agree to notify ERIN KEHRIER, LCSW if you need to update your credit card information in order to maintain a valid card on-file throughout the therapy relationship.
- agree that this authorization will remain in effect until you cancel it in writing.

Client signature: _____ Date: _____

Card Holder signature: _____ Date: _____