



## CREDIT CARD AUTHORIZATION

In order to provide you and other clients with the best possible care, a minimum of 48 hours-notice is required to cancel or reschedule your appointments. If such advance notice is not received, you will be financially responsible for the total cost of the session you missed. Please note that insurance companies do not reimburse for missed sessions should you submit a superbill.

I, \_\_\_\_\_, authorize Talk-a-While, Child & Family Therapy Center PC ("Talk-a-While") to charge my credit card for each missed therapy session where 48 hours-notice is not given where I fail to call and show for the appointment. This credit card will also be used for all fees that I have not been paid within 10 days of attending a session. Service charges for returned or bounced checks will also be charged on my credit card. I will have access to receipts for all payments made available through my client portal within a reasonable time after payment is processed.

This card may also be used for payment of services upon my request. I understand that I may revoke this agreement at any time by providing a request in writing.

I am requesting that this card be used for payment of services: \_\_\_\_ Yes \_\_\_\_ No

Name on card: \_\_\_\_\_ Credit Card Type: ☐ Visa ☐ Mastercard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CV Code \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Client (or Parent/Guardian)/Card Holder Name (printed):

\_\_\_\_\_

Client (or Parent/Guardian)/Card Holder Signature:

\_\_\_\_\_

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