

## CREDIT CARD AUTHORIZATION

Payment is due at the end of each session. You may pay by cash, check, credit card, or debit card. If you would like to use an HSA/FSA card, ask your card administrator if counseling is a qualifying expense.

Please provide a credit/debit card to be kept on file for outstanding account balances, no-shows, and cancellations received less than 48-hours in advance.

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVC\_\_\_\_\_

Billing zip code \_\_\_\_\_

Name of cardholder \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Hannah Singer, Psy.D. to use this credit/debit card to pay for any service or charge incurred. If there is an outstanding balance with the practice, I give her permission to use the card to pay the balance in full. I understand that my billing and payment history can be viewed on the client portal at any time. This authorization is good until the balance is paid in full, the cardholder has rescinded the authorization or services are terminated.

Signature \_\_\_\_\_ Date \_\_\_\_\_