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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 wish 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 24-hours in advance.

Card # _____ Expiration _____ CVC _____

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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 This authorization is good until the balance is paid in full, the cardholder has rescinded the authorization or services are terminated.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 _____

AUTOPAY

For your convenience, you may opt to enroll in autopay using the credit/debit card on file. Your card will automatically be charged your account balance at 10 PM on the date of service. You may change your autopay preferences at any time. Would you like to enroll in autopay?

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