

Credit Card Authorization Form

As a convenience to our clients, we are introducing credit card payments and can now accept MasterCard, Visa, American Express and Discover Credit Cards. Our electronic record system encrypts data and stores credit card information in encrypted format within the system, so that cards can be charged at the time service is rendered.

(Print name in block letters) _____ authorize

Cognitive Therapy & Consultation, LLC to charge my credit card for services rendered to me, my family or my child.

I understand that:

- a. My credit card information will be kept on file
- b. My credit card account will be charged at the time of service and
- c. By signing this document I acknowledge that I need not present my credit card at each visit or be present when the card is charged.

I further understand that I may terminate this agreement upon no less than 48 hours' notice by sending a letter stating I wish to end the automatic authorization agreement to CT&C, LLC at the above address.

I am aware that my credit card will be charged for all appointments not paid at the time service is rendered, including missed appointments not cancelled 24* or (*48 hours in advance for Monday appts.) as described in the CT&C LLC office policy and procedure document which I have read on the Cognitive Therapy& Consultation LLC website or the CTC LLC patient portal.

I am aware that other charges may include but are not limited to evaluations and report writing, school consultations, consultations with other professionals involved in treatment and phone consultations.

Credit Card: ___VISA ___MasterCard ___American Express ___Discover

(Print clearly)

Card Number: _____ Expiration Date : _____

3/4 Digit Security Code from back of card: _____ Billing zip code: _____

Patient or Responsible Party Name as it appears on credit card: _____

Billing address: _____

Home phone: _____

I HEREBY AUTHORIZE MY CREDIT CARD TO BE CHARGED FOR SERVICES RENDERED AS STATED ABOVE BY CT&C, LLC.

Date: ___/___/2020

Cardholder's Signature
(initial)

Cardholder's Printed Name

_____ I will notify CT&C, LLC in advance of changes to credit card or bank account information or if my credit card is lost, stolen, cancelled or revoked to avoid being assessed a fee for rejected charges. (Please ask us if you have questions about this agreement.)