

Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name **Susan Malewicz, LCSW**. You agree that no prior notification is necessary unless the amount billed each time exceeds **the agreed upon amount of service**, in which case you will receive notification in advance.

Name of Client _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express (AmEx)	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Zip Code	_____			
Expiration Date	_____			
CVV	_____			
(3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx)				

I authorize **Susan Malewicz, LCSW** to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session \$ _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express (AmEx)	<input type="checkbox"/> Discover
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Self-pay for session or payment for session not covered due to deductible: \$ _____

Charge for cancellation without 24 hours' notice: \$ _____

Other charges [specify]: \$ _____

Other charges [specify]:

\$ _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card User

Date