Valerie Andersen, Psy.D.
Valerie Andersen, Licensed Psychologist PY9730

Credit Card Payment Authorization Form

*** If you are using insurance to cover the cost of therapy services, this authorization will be used for missed/canceled appointments and co-pays only. ***

Sign and complete this form to authorize Valerie Andersen, Psy.D. to make a debit to your credit / debit card listed below. By signing this form you give permission to debit your account for the amount indicated. When a client is not present for a credit card authorization, the signature line will read "Pre-Auth" as notification that the therapy service charge has been processed and you have authorized the transaction in advance. This agreement provides permission for scheduled session fees, or no-show and late cancellation fees. It does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Valerie Andersen, Psy.D. to charge my credit card account indicated below
(full name)

in the amount of ***$175.00*** for scheduled sessions and prorated at ***$45.00*** on the quarter hour for any session time exceeding 60 minutes. I also authorize a charge ***equal to full cost of the scheduled service*** if I do not provide **24 HOURS** notice before a missed session or do not appear for a scheduled session. Exceptions to be discussed directly with the provider.

Billing Address _____ City, State, Zip _____

Phone _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

_____ _____
SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the purpose described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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