

# Annie Babin, PsyD

Licensed Psychologist PSY28354

## CREDIT CARD AUTHORIZATION FORM

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card Identification Number (last 3 digits on back or 4 digits on front for AMEX): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD) per therapy session.

I authorize to charge the agreed amount listed above for each session to my credit card provided herein. I agree that I will pay for each session in accordance with the issuing bank cardholder agreement.

I understand that my weekly sessions are reserved for me and expect to be charged for each session unless I provide Anne Babin, PsyD with at least 24 hours advance notice of cancellation: (707) 385-1681.

Charges will appear on credit card statement as "Anne Babin, PsyD".

### Cardholder - Print Name, Sign and Date Below:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

### If payments are made for the benefit of another person, please fill in below area:

Payment agreement for the benefit of (if other than self): \_\_\_\_\_

Patient agrees to above payment authorization and cancellation policy:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_