

Meghan Sasso, LMHC

Credit Card Payment Authorization Form

I strive to make your appointments convenient for you. By signing this form, you give me permission to automatically debit your account for any costs for my services not paid by your insurance, including deductible fees, co-payments, cancellation fees and no-show fees.

Please complete the information below:

Billing Address: _____ Phone# _____

City, State, Zip:- _____ 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): _____

Card Holder's Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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.