

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time services are rendered. We accept: Visa and Mastercard.

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Email: _____ I authorize receipts to be emailed to this address. _____ (initial)

Billing Information: Information is same as above client information.

***Please indicate the information associated with the debit card you wish to use. I prefer to use a credit card.*

****Name as it appears on card:** _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Email: _____ I authorize receipts to be emailed to this address. _____ (initial)

I authorize all service fees to be deducted from the card ending in _____ (last 4 digits of card)

Please enter the CVV code _____ (3 digits on back of card)

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

Full name(s): _____

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. ****By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all the dates of service.**

Cardholder Signature

Date

Please be aware: Payments are processed by Therapy Appointment and Cayan and may appear differently on statements depending on your bank/credit card company. It may show as Cayan or Kara Bates, MA, LMFT.

Credit/Debit Card Information:

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one): Visa MasterCard

Card Number: _____ Expiration Date: _____