



CREDIT CARD AUTHORIZATION FORM

Please Note: The information you provide here is protected as confidential information.

Dharma Integrative Psychotherapy & Wellness, PLLC requires valid credit card information on file for all clients. This form can be used as a form of payment/auto-payment for the scheduled sessions and/or in the event of any missed appointments.

Name as shown on the credit card: _____

Billing address on the credit card: _____

Type of card: AmEx Visa MC Discover

Your credit card number: _____

Card Expiration Date: _____

Card Security Code: _____

I authorize Dharma Integrative Psychotherapy & Wellness, PLLC to charge the agreed upon session fee amount to my credit card account. I understand that the agreed upon amount may also be charged on this credit card in the event of any missed appointments. I understand that it is my responsibility to inform Dharma Integrative Psychotherapy & Wellness, PLLC of any changes on my credit card account or should I wish to use an alternate method of payment. I understand that I will be responsible for any charge back and/or return charges. I further understand that declined charges may result in extra fee or even termination of services. Furthermore, a receipt will be mailed to the address above, at my request.

Signature: _____

Date: _____