

Empowerment Psychological Services, PLLC

Credit Card Authorization

By your electronic signature of this form, you authorize charges to your credit card for services rendered. These charges will appear on your bank/credit card statement as EMPOWERMENT PSYCHOLOGY.

I authorize EMPOWERMENT PSYCHOLOGICAL SERVICES, PLLC to charge my credit card. I also agree that my credit card can be charged with a late cancellation fee, for any session that is not cancelled at least 24 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify EMPOWERMENT PSYCHOLOGICAL SERVICES, PLLC in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV Security Code (3 or 4 digit code on back) _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

I, _____, authorize Empowerment Psychological Services, PLLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature _____

Date _____