

NATHANIEL CILLEY, LMHC
CREDIT / DEBIT CARD AUTHORIZATION FORM

I, _____ (Print Cardholder Name), hereby authorize Nathaniel Cilley, LMHC to keep my signature on file in order to secure my initial appointment and/or charge fees, or partial fees, to my credit or debit card account for services provided to _____ (Print Client Name) as detailed in the "Psychological Services & Policies Contract," including fees for appointments that are not cancelled within 24 hours. I understand that fees will be charged to my credit or debit card on the same day that charges are incurred and that I will be provided with an itemized monthly invoice detailing all of my charges at the mailing address specified below.

I agree that:

- In the event that my card becomes invalid, I will immediately provide Nathaniel Cilley, LMHC with a new duly executed Credit/Debit Card Authorization Form upon request, to be charged for the payment of any outstanding balance owed.
- This authorization is valid until cancelled in writing.
- If I have any problems or questions regarding charges to my account, I will contact Nathaniel Cilley, LMHC for assistance. I agree that I will not dispute any legitimate charges processed by Nathaniel Cilley, LMHC.

CREDIT CARD INFORMATION

Cardholder Name (As it appears on the card): _____

Billing Address: _____

Mailing Address (if different from above): _____

Card Type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____

CCV (3 or 4 digit #): _____

Cardholder Signature: _____ Date: _____