

# CREDIT CARD AUTHORIZATION AGREEMENT

All fields are required to be completed on this form

Client's Name(s) (Print) \_\_\_\_\_

Credit Card Information: (as shown on credit card)

Credit card type:      Visa            MasterCard      Discover      Amex      Other: \_\_\_\_\_

Card Holder Name (as shown on credit card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
MM      YY

Security Code: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_  
street address

\_\_\_\_\_

city

state

zip

Phone Number of Credit Card Holder: (\_\_\_\_\_) \_\_\_\_\_

Do you want to receive an email receipt?    Yes    No

If yes, please provide your email address here: \_\_\_\_\_

Authorization: I hereby authorize Lisa Ahern, Ph.D., PLLC to charge the indicated credit card on a periodic basis to collect payment due for services rendered by in accordance with the Fee Schedule for the above listed client. I also authorize Lisa Ahern, Ph.D., PLLC to charge my credit card the cancellation fee, in accordance to the Fee Schedule, should the above listed client fail to attend their scheduled appointment or fail to give a 24 hour notice to cancel their appointment. If Lisa Ahern, Ph.D., PLLC is unable to process my payment, I will be responsible for an alternate payment arrangement and all late fees that occur. I understand that this agreement shall remain in force unless I cancel it in writing. I will not dispute Lisa Ahern, Ph.D., PLLC's charges to my credit card so long as the amount in question is for services rendered prior to my canceling my agreement in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement with Lisa Ahern Ph.D., PLLC. I acknowledge that I have read and agree to all of the above terms and conditions.

\_\_\_\_\_  
Signature of Credit Card Holder (Required)

\_\_\_\_\_  
Date