**Credit/Debit Card Agreement and Authorization Form**

Rosa Di Lorenzo, PSYD

Clinical Psychologist, PSY 24148

3020 I Street

Sacramento, CA, 95816

Please be advised that you are required to provide and maintain on file a valid credit card number and authorization. This information will be maintained in strict confidentiality. The card can be used, with your consent, for any therapy-related charges.

**PLASE NOTE**: If you need to cancel or reschedule an appointment, you are required to give us

a 48 business hours’ advance notice, otherwise you will be charged a fee of **225 (**please also see cancellation policy on the “informed consent for treatment”). Please be advised that you will be responsible for this fee even if you are covered by insurance, as insurance does not reimburse for late cancellations or no shows.

**INITIAL**\_\_\_\_\_\_\_\_\_\_\_

You will be billed if you fail to observe this cancellation policy, or if you don’t show up for your appointment. In each of these instances, your credit card on file will be charged **for the $225 dollars’ fee**.

Repeat cancellations, or failure to pay your fees without discussing a repayment plan with Dr. Di Lorenzo or her office staff, may result in termination of services. We sincerely appreciate your cooperation in regard to these matters. **INITIAL**\_\_\_\_\_\_\_\_\_\_\_

In addition, please be aware, per the informed consent, that you will be held responsible to cover any charge that your insurance will decline to cover.

**NITIAL**\_\_\_\_\_\_\_\_\_\_\_

\*\*\*I authorize Rosa Di Lorenzo PSYD to maintain my credit card on file, to charge my card in case of violation of cancellation policy on my part, and to use my card to apply any other service-related charges. I understand that if any charges are applied to my credit card, Rosa Di Lorenzo PSYD will provide an itemized statement to me regarding those charges upon request. I agree to all terms and conditions set forth by Rosa Di Lorenzo PSYD and understand that by signing this agreement, I relinquish the right to dispute any charges.

Type of Credit Card: (Circle One) **Visa MasterCard** **Amex Discover**

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 digit Verification Code Number: \_\_\_\_\_\_\_\_\_\_

Card Holder’s Name as it Appears on the Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_