

## Credit Card Charge Authorization Form

*Please provide this information regardless of your payment method\**

I, \_\_\_\_\_ (printed name) authorize Deb Lang, Licensed Psychologist, to enter my credit/debit card information into the secure payment site used to process my therapy charges and authorize her to charge **agreed upon** fees for my therapy services to my card.

I \_\_\_\_\_ (printed name) authorize Dr. Lang to charge my card for sessions missed without, a minimum of, 24 hours notice and without a "valid excuse". A valid excuse means that you cannot come to your session, versus you have chosen to do something else. Examples of this include an act of nature/God preventing your arrival, a communicable illness (i.e. cold, flu), hospitalization or otherwise medically incapacitation, involvement in an emergency, or if any of these happen to a family member in your direct care.

I also understand that any outstanding balances over 30 days will be charged to my card unless other arrangements have been made.

I agree to notify Dr. Lang should this card become invalid and to provide her with my new card information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date