

Deborah Meints-Pierson
THERAPY PARTNER
ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: Visa, MasterCard and Discover. Service fees will be deducted from the designated account at the time services are rendered.

Client information

Client Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Home Telephone # _____ Cell # _____ SSN _____

Email: _____

Billing Information

Please indicate the information associated with the credit card you wish to use

Name _____

Address _____ City _____ State ____ Zip _____

Email _____

I authorize all service fees to be deducted from the card ending in _____ (last 4 digits of card)

Please enter CVV code _____ (last three digits on back of card)

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

CARDHOLDER SIGNATURE

DATE

*Payments are processed by Therapy Partner
Therapy Partner is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA
National Association, Buffalo, NY*

Credit Card Information

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one) Visa MasterCard

Card Number: _____ Expiration Date: _____