Credit Card Authorization Form

Herald Square Psychology

19 West 34th St., Penthouse

New York, NY 10001

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize Herald Square Psychology PLLC to charge the credit card listed below for my office visits. My card will be charged at the end of each week for visits/charges accrued during that time. I understand that refunds are not possible for visits that have been completed.

***If I need to cancel an appointment***, ***I will provide 24 hour notice (72 hours for weekend or Monday appointments)*** or Herald Square Psychology may charge my card a $100 cancellation fee. Insurance will not cover payments for missed visits. This authorization will remain in effect until I notify Herald Square Psychology that I do not want future charges to be authorized.

*Please write legibly. Please double check the numbers you’ve written to ensure correct information is given.*

|  |  |  |
| --- | --- | --- |
| **Credit Card Information** | | |
| Credit Card Number | | |
| CVC |  | Expiration Date |
| Name & Address of Card Holder | | |
| Email address | | |
| *We will send you an email receipt each time your card is charged.* | | |

*We will use your HRA/HAS Card first. If funds are exhausted, or we have trouble using your HRA/HSA card, we will use your personal credit card. We will always let you know if there are problems using the below information.*

|  |  |  |
| --- | --- | --- |
| **HRA/HSA Card Information** | | |
| Credit Card Number | | |
| CVC |  | Expiration Date |
| Name & Address of Card Holder | | |
| Email address | | |
| *We will send you an email receipt each time your card is charged.* | | |

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Card Member Signature Date