

CREDIT CARD PRE-AUTHORIZATION

I authorize **Sara Pezeshkpour, AMFT (#146409), supervised by Rebecca Kahane, LMFT (#37382)**, to keep my signature on file and to charge the Credit Card(s) listed below for payment of my session(s) in the amount established by my therapist of \$ _____ , for the following purposes:

- For a No-Show or missed session(s) without a 24-hour cancellation notice.
 - For a phone, FaceTime or Zoom virtual session(s).
 - For past due sessions.
 - For sessions paid by a third party (not the client).
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- I understand that the Credit Card(s) listed below will be charged in the event that I fail to provide payment in full at the time of my session. I will be notified via phone call, text, and/or email by my therapist that the missed session or the past due session payment will be applied to my credit card on file.
 - I understand that my therapist will attempt to first charge the primary Credit Card on file. If charges to the primary Credit Card are declined or are unsuccessful for any reason, I understand that my therapist will then attempt to charge the secondary Credit Card on file.
 - **Please note**, if a credit card is used for payment at the time of the session or for any of the reasons mentioned above, your fee per session will increase by \$10.00. Therefore, the session fee will appear to have increased by \$10.00 on your Square receipt and credit card statement.
 - I agree that this form is valid for the length of therapy and authorization for the use of these Credit Cards will be canceled at the termination of therapy.

Primary Credit Card:

Client's Name: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Visa Master Card American Express

Acct. # _____

Sara Pezeshkpour

Associate Marriage & Family Therapist, #146409

Supervised by Rebecca G. Kahane, Licensed Marriage & Family Therapist, #37382

CSC# _____
(3 or 4 -digit # on back of card)

Signature: _____ Exp. Date: ____/ ____

Secondary Credit Card:

Client's Name: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Visa Master Card American Express

Acct. # _____

CSC# _____
(3 or 4 -digit # on back of card)

Signature: _____ Exp. Date: ____/ ____