



SUSAN HYATT-BIRNHOLZ
MARRIAGE AND FAMILY THERAPIST

(615) 905-6094

Credit Card Authorization

I, _____ (name as it appears on credit card), authorize the use of my credit/debit card described below for charges related to services provided by Susan Birnholz, MFT, including:

- Payment for my sessions in the amount established by my provider _____ (fee per session).
- Payment for a no-show or missed session without 24 hours notice.
- Payment for a phone or Skype session.
- Payment for past due sessions.

I understand that the amount charged on my card will be reflected on my credit card statement and that "Susan Birnholz, MFT" (or an abbreviated version) will appear on my credit card statement. _____ (Initial)

I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy. _____ (Initial)

Client's Name: _____ Card Holder's Name: _____

Card Holder's Billing Address: _____ City: _____

State: _____ Zip: _____

Visa MasterCard American Express Discover HSA/FSA

Acct. # _____ CSC# _____ (3-digit # on back of card) Exp. Date: _____

Signature of Card Holder

Date