

## ELECTRONIC PAYMENT CONSENT AND AUTHORIZATION FORM

Please complete the following information. Charges to your card will be listed on your statement under "Cindy Thelen, LCPC" or an abbreviation or variation of such.

CLIENT NAME: \_\_\_\_\_

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### CARDHOLDER INFORMATION:

(Please indicate the exact name and address associated with the credit or debit card you wish to use.)

Name as printed on card \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

I would like to receive a secure monthly statement sent to this email address: \_\_\_\_\_

I do not care to receive a monthly statement via email.

**I authorize Cindy Thelen, LCPC to use the information below to charge my credit/debit card ending in \_\_\_\_\_ (provide the last four digits of the card) for professional services as follows:**

A one-time charge in the amount of \$\_\_\_\_\_ for services on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Recurring charges for services in the amount of \$\_\_\_\_\_ per session.

Other (specify) \_\_\_\_\_.

I understand and agree that my card will be charged the *full fee* for cancellations with less than 24 hours' notice and for scheduled appointments that are missed.

I understand and agree that my card will be charged if my check is returned for any reason.

I understand and agree that my card will be charged if I do not pay any balance due to Cindy Thelen, LCPC left by client, client's insurance company, or any third-party payer.

I understand this authorization form is valid for two years unless I cancel the authorization in writing. I will not dispute charges for sessions client has attended or appointments missed or late-cancelled according to the above policy. I understand that I am responsible for updating this credit card information whenever it changes.

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### CREDIT/DEBIT CARD INFORMATION:

Please provide your payment information below. This information will be stored securely and the card information you provide on this form will be destroyed once your first payment has been made.

CARD TYPE:     Visa     MasterCard     Discover

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_