

Credit/Debit Card Pre-Authorization Form

I authorize Patricia Lee LLC or its authorized billing agent to keep my signature on file and to charge my Visa or Mastercard account for recurring/periodic charges related to psychotherapy services for the client indicated below. Fees will be charged for the following services and packages:

- Full session (50 minutes) – \$125
- Short session (25 minutes) – \$65
- Prepaid package for the equivalent of 4½ full sessions – \$500
- Time spent on written correspondence or a report requested by me, the client, or professionals working with the client – \$2.50/minute for each project.

I understand this form is valid for one year unless I cancel the authorization in writing. I promise not to dispute charges for sessions I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Patricia Lee LLC to disclose information about my attendance and/or cancellation to my credit card issuer if I dispute a charge.

Client Name

Cardholder Name

Cardholder Billing Street Address

City

State

Zip

Visa _____ Mastercard _____

Account Number

_____/_____/20_____
Expiration Date

Cardholder Signature