

Lynn McGregor, PLLC
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CREDIT CARD AUTHORIZATION FORM

Lynn McGregor, PLLC ("Lynn McGregor") requests that you provide your credit card information below. If you choose to pay by credit card your credit card will be charged \$_____ after each session on the day the session occurs. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-shows fees.

I do not authorize Lynn McGregor to charge my credit card after each session but only for additional fees I and/or my minor child/ren incur as set forth in Lynn McGregor's disclosure statement and policies. I will be notified of the type of additional fees I and/or my minor child/ren incur.

I authorize Lynn McGregor to charge my credit card \$_____ after each session and for any and all additional fees I and/or my minor child/ren incur.

If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. Lynn McGregor reserves the right to send your account to collections, in accordance with Lynn McGregor's policies and procedures; at any time after you account is considered past due.

By signing this authorization form, you agree to notify Lynn McGregor of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended.

LYNN MCGREGOR ONLY ACCEPTS THE FOLLOWING CREDIT CARDS:

VISA DISCOVER AMERICAN EXPRESS MASTERCARD

Name on Credit Card: _____

Type of Credit Card: Visa _____ Mastercard _____ Discover _____ American Express _____

Credit Card Number _____

CCV Code: _____

Expiration Date: _____

Card Holder's Full Address, including zip code (the mailing address for your Credit Card statements):

This credit card authorization form will remain in effect and on file at Lynn McGregor unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. Lynn McGregor will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

Card Holder is the client (or parent/legal guardian) receiving services from Lynn McGregor

I hereby authorize Lynn McGregor to charge the above bank credit card number for payment of the counseling fees I or my minor child/ren incur; which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I agree to notify Lynn McGregor of any changes to my credit card information including a new expiration date or when my credit card has been cancelled or revoked.

Client Name: _____

Client/Parent/Legal Guardian Signature

DATE