

Pre-Authorized Charge Form

I authorize Houston Psychotherapists, Inc. to keep my signature on file and to charge my Credit Card listed below for:

One half the standard session fee (\$70.00) for missed appointments and late cancellations. You will be responsible for the full amount when appointments are missed or not cancelled within 24 hours. Your therapeutic relationship can and may be terminated following 2 missed appointments.

I understand that this form is valid for one year unless I cancel the authorization through written notice to the service provider.

Customer's Name: _____

Cardholder's Name: _____

Card Type:

Visa MasterCard Discover American Express

Account Number: _____

Expiration Date: _____ Card Verification Number (three numbers on back of card): _____

Cardholder's Signature: _____ Date: _____