



Individual Psychotherapy • Relationship
Counseling • Family Consultation

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In order for Deborah Tucker to accept and bill your credit card, please complete all fields below, sign and date, and fax to 805-582-1893. All information kept on file is strictly confidential.

Contact/Billing Information: (as shown on credit card)

Client name if different from cardholder _____

Cardholder Name (as shown on card) _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Credit Card Type: _____ Visa _____ MasterCard

Credit Card # _____ Exp. Date _____

Credit Card Security code: _____ Amount authorized: \$ _____

Please check the appropriate paragraph:

_____ One Time Use: I hereby authorize Deborah Tucker to charge the indicated credit the amount indicated above. This is a one-time charge authorization. I am not authorizing Deborah Tucker to setup my account within a recurring billing system; rather, I prefer to pay by check or cash on all future billings. I understand that if I want Deborah Tucker to charge any balances to my credit card in the future, I will need to submit another authorization form at that time, or choose the selection below.

_____ Recurring Billing: I hereby authorize Deborah Tucker to charge the indicated credit card on a periodic basis for the amount due on this client account. This Recurring Payment Authorization / Periodic Charge shall remain in force until cancelled by me in writing.

Authorization:

I hereby authorize Deborah Tucker to charge the indicated credit card. **I am aware that there is a policy of requiring 24 hours notice to cancel an appointment, else the full fee is charged to the client account, and that my medical insurance, if any, cannot be charged for missed sessions.** I agree that this is either a one-time or periodic charge that will be made as indicated above, and will not dispute it in the future. In addition, I agree to reimburse Deborah Tucker for any cost involved with any dispute attempt regardless of outcome. To terminate the recurring billing process, if selected, I must cancel in writing. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Deborah Tucker.

Signature of Card Holder (required) _____ **Date** _____