

## *Nicolle Gottfried Zapien Psychotherapy*

### **Debit/Credit Card Pre-Authorization Form**

I, \_\_\_\_\_, authorize Dr. Nicolle Zapien to keep my signature on file and to charge my Visa, Mastercard, Discover, or debit card account (noted below) for charges not otherwise settled with cash or personal check at the time of service. Our agreed upon rate for each 50-minute session is \$\_\_\_\_\_ for all sessions that take place or do not in accordance with the cancellation policy and treatment plans. Dr. Zapien also charges for telephone sessions, at a rate of \$5/minute.

I understand that this form is valid until treatment is complete or I cancel this authorization in writing. I promise not to dispute charges ("charge back") for sessions I have received or that I have not cancelled in accordance with the cancellation policies and treatment plan.

Printed name(s)

Signature(s)

Cardholder name, if different

Email address(es)

Card Holder Billing Address

Account number    - - - - -    Expires \_\_ / \_\_    CVC - - -