

Nicolle Gottfried Zapien Psychotherapy

Debit/Credit Card Pre-Authorization Form

I, _____, authorize Dr. Nicolleg Zapien to keep my signature on file and to charge my Visa, Mastercard, Discover, debit card or Health Spending Account (noted below) for charges not otherwise settled with cash, personal check, or PayPal 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, online sessions, and consultations between scheduled sessions, collaboration with other professionals and report writing, 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

Cardholder Name, if different

Email Address(es)

Cardholder Billing Address

Account Number ____ - ____ - ____ - ____ Expires __ / __ CVC/CVV ____