

**Ann Horton, MA, LMHC, CSAT
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CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Ann Horton, MA, LMHC to debit your credit card as listed below

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapeutic treatment fees accrued while in treatment with Ann Horton MA, LMHC and does not provide authorization for any unrelated debits or credits to your account. Credit cards may be run in the event that you forget to bring cash, check or a valid credit card to your session. Credit cards will also be debited if you fail to give adequate notice by phone of missing an appointment. (Please note: email cancellations are not considered adequate notice). No more than two consecutive missed appointments will be billed. A receipt of credit card processing will be sent to the email provided below.

Please complete the information below:

I, _____ (full name printed) authorize Ann Horton, MA, LMHC, to charge my credit card account indicated below (your card may also be copied for our records). Fees accrued for missed appointments or failure to provide payment at the time of service will be processed via credit card at a rate of \$130 per 50-minute session for individuals. Credit card payments will include a processing fee of up to 3.7% per transaction and will be the same fee the credit card company charges me. This is the exact same fee that I am charged by my credit card processing company.

Billing address _____ **Phone#** _____

City, State, Zip _____ **Email** _____

Account Type: _____ **Visa** _____ **Mastercard** _____ **AMEX** _____ **Discover**

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3-dig number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

I authorize Ann Horton, MA, LMHC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amounts indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ **DATE** _____