

Credit Card Authorization Form

I, _____ authorize Whitney McMullan Therapy to charge the credit card listed below for my office visits. My card will be charged on the day that the session occurs unless otherwise specified in advance. I understand that refunds are not possible for visits that have been completed.

If I need to cancel an appointment, I will notify my therapist as soon as possible and I will do my utmost to reschedule the appointment within the same week. Should I miss an appointment and fail to notify my therapist beforehand (“no show”), my credit card will be charged the full amount of a session. Should I cancel within 48 hours of the appointment (“late cancellation”), Whitney McMullan Therapy will also charge you for the session. This authorization will remain in effect until I notify my therapist that I do not want future charges to be authorized.

Please note that if you have an unpaid bill that is late more than 30 days, your card will be automatically charged for the amount owed.

There will be an additional charge for credit card processing which will be 3% of the total transaction.

Credit Card Information	
Credit Card Number:	
CVC:	Expiration date:
Name and Address (including zip code) of Cardholder:	
Email Address:	

Card Member Signature

Date