

Recurring Payment Authorization Form

Sign and complete this form to authorize Christine Lawler, MS, LMFT to make recurrent charges to the bank account listed below.

By signing this form you give permission to debit your account for the amount owed on or after date of service, if payment is not collected at the time of service.

Potential charges include:

Initial Intake: \$150

Follow Up Session: \$125

Late Cancellation/No-Show: \$50

Please complete the information below:

I _____ authorize Christine Lawler, MS, LMFT to charge my account
(full name)

the account indicated above for therapeutic services on or after the date of service.

Banking Information:

Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Authorization:

Please sign below to confirm that you are authorizing Christine Lawler, MS, LMFT to begin transferring payments for services from the account mentioned above. Please attach a copy of a voided check to verify the above banking information.

Signature

() _____
Phone Number

Date

Please note that automatic deposits are the preferred method of payment. In the event that funds are not available at the time of service, please provide your credit card information below. All information will be stored in Quickbooks, powered by Intuit. Quickbooks offers customers the highest levels of security and fraud protection.

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business 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 amount 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.