

Kyra F. Riddell, LMFT Lic.98921

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CREDIT CARD AUTHORIZATION FORM

In order for me to organize my time most effectively I need at least 24 hours notice before cancelling your appointment. This way I can use that time to schedule an appointment for another client or schedule my day accordingly. In the case that a cancellation is made within 24 hours of your appointment, this card will be charged for the agreed upon session fee (see Treatment Agreement). There are some exceptions due to emergency that I may waive that charge. I accept American Express, Discover, MasterCard and Visa as forms of payment and will process your credit card through Stripe by the end of the business day that your appointment was scheduled.

Upon request, you may enroll in Auto Pay for the agreed upon session fee of services rendered. Your card will be automatically charged at midnight on the day your session took place. If you would like to enroll, then I will charge the designated card. If you would like to use a different card, please fill out a separate form.

Card Type:

- American Express
- Discover
- MasterCard
- Visa

Credit Card Number:

Expiration Date:

V-Code / Security Code: *** _____

***American Express is a 4-digit number on front of card. MasterCard and Visa are 3-digit numbers appearing on back of card after your account number.

Name as it appears on credit card:

Address: No P.O. boxes

(Where you receive credit card bills)

I authorize Kyra Riddell LMFT, to bill the credit card noted above for psychotherapy services rendered.

Authorized Signature:

Date:

Printed Name:
