

DEBBIE BAUER, M.A., CA #43512
LICENSED MARRIAGE AND FAMILY THERAPIST
2255 Morello Ave, Suite 103 - Pleasant Hill, CA 94523
Phone: (925) 437-2203 www.debbiebauer.com

Credit Card Authorization

Please read the entire form. Before signing, please ask about anything that is unclear.

By providing your signature, you agree to the following:

Session fees may be paid in cash or by check, Visa, or MasterCard.

Session fees are due and payable not later than the end of each session.

Charges for phone consultation are due and payable not later than the end of the next regularly scheduled appointment. If no subsequent session is scheduled, fees are due and payable immediately.

Missed sessions or sessions not cancelled at least 24 hours before the scheduled appointment time will be charged at the regular fee.

If a charge is not honored, client agrees to be responsible for all associated fees.

If client later reverses an authorized and legitimate charge, client is responsible for fees associated with the chargeback.

For credit cards, the charge on your monthly statement will show as a payment made to Debbie Bauer, MFT. To avoid fees for mistaken charge backs, please ensure that all persons responsible for verifying charges on your monthly statements are notified of the charges for services rendered by Debbie Bauer, MFT.

Credit Card Information ☐ Visa ☐ MasterCard

	:	:	:
Name as it appears	Card Number	Expiration	3 digits

Billing address	City	State	Zip
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Email address for credit card receipts: _____

(Please inform me you do not want receipts to be emailed to you)

By my signature, I certify that I am an authorized signer on the above credit card account. I authorize Debbie Bauer, MFT to make charges to my credit card. I agree to the terms set forth above as well as those set forth in the office policies. I agree to be routinely charged for fees associated with my treatment, or the treatment of my minor child, including fees for weekly sessions held, missed or not cancelled at least 24 hours before the scheduled appointment.

Signature

Date