

Mary Lou Devlin, LMFT
Psychotherapist
License #37377

CREDIT CARD RECURRING PAYMENT AUTHORIZATION FORM

If you would like, you can schedule your payments to be automatically charged to your credit card. Doing so will eliminate the need to remember to bring payment to each session and ensure your account stays up-to-date. Just complete and sign this form to get started.

Here's How Recurring Payments Work:

By signing at the bottom of this form, you authorize Mary Lou Devlin, LMFT to apply regularly scheduled charges to your Visa, MasterCard, American Express, or Discover card. You will be charged your regular session fee on the date each session occurs. The charge will appear on your credit card statement and a receipt can be emailed to you if requested. You agree that no prior-notification will be provided if the charge is for your regular session fee or a no-show fee (please review my "no-show" policy in your treatment consent). If the charge is for another agreed upon service, such as a phone session or a letter, you will be informed either in person, over the telephone or by email prior to the charge being made.

Please complete the information below:

I _____ authorize Mary Lou Devlin, LMFT to charge my
(full name)
credit card indicated below for regular payments of psychotherapy sessions or "no-shows" for the following client (or "self") on the dates they occur. I agree that I will only receive advanced notice if the charge is for another agreed upon service or to pay off an outstanding balance. Advanced notice may be given in person, by telephone, or by email.

Billing Address _____ **Phone#** _____

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

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV Code* _____

*3 digit number on back of Visa/MC, 4 digits on front of AMEX

I authorize Mary Lou Devlin, LMFT to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____