

Nancy Vierra, MS, MFT
Licensed Psychotherapist
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Payment Authorization Form

I, _____, a client of Nancy Vierra, MFT, understand that I am financially responsible for payment of all services rendered. I hereby authorize Nancy Vierra, MFT to keep my signature on file and to charge my credit card account for psychotherapy services and no-show/late cancellation fees when applicable. These services may include my participation in therapy, consultation or coaching services.

For these services, I authorize Nancy Vierra, MFT to charge the credit card listed below for outstanding fees in the event that I do not reconcile my invoice/bill at the time of service. I understand that if I decide to terminate any of the services and my account is paid in full, I may withdraw the authorization to charge my credit card in the future, provided I communicate revocation of authorization in writing to Nancy Vierra, MFT.

Client Name: _____

Cardholder's Name (as it appears on the card): _____

Credit Card Billing Address (address that the credit card billing statement is mailed to):

Street Address: _____

Unit or Apartment Number: _____

City, State, Zip Code: _____

Credit Card Type (please circle): Visa Mastercard American Express

Credit Card Number: _____

Card Verification or Security Code (3-or 4-digit number on back of card/ or on the front of American Express cards): _____

Expiration Date (mm/yy): _____

Signature: _____ **Date:** _____