



BARBARA NADALINI PRIESNITZ, MA, LPC
P S Y C H O T H E R A P Y & H Y P N O S I S

CREDIT CARD AUTHORIZATION AGREEMENT

1. By providing my credit card information below, I authorize Barbara Nadalini Priesnitz, MA, LPC to charge my card for completed attendance at appointments or classes, or appointments or classes canceled without 24 hours' notice, or missed without notice.
2. I agree to pay for therapy sessions for each person, couple or family listed in the "Client(s)" field below, at the fee listed below.
3. This authorization can be modified or canceled at any time by sending Barbara an email specifying the change or cancellation at barbara@BNPsychotherapy.com.
4. If I am using a credit card belonging to another person (e.g. parent or spouse), my signature below certifies that I have permission from the cardholder to use the card for this purpose. (Note: If receipts are to be sent to another person, an Authorization to Release Information will be required).

Client(s):			Fee:
Name on Card:			
Credit Card #:			
Expiration Date:	CVC:	Zip Code:	
Signature:			
Date:			

NOTE: Credit Card line item charges may refer to MindBody and/or Barbara Nadalini Priesnitz, depending on your credit card issuer and their use of data. Please contact our office directly if you have any questions or concerns about credit card charges.