**Romney Ryan, Ph.D.**

# 633 Cherry Street

# Santa Rosa, CA 95404

**CREDIT/DEBIT CARD PRE-AUTHORIZATION FORM**

I authorize Romney Ryan, Ph.D. to keep my signature on file and to charge my

VISA, MasterCard, American Express, or Discover account for recurring charges of

$ 173 per 50 minute individual or family psychotherapy session. Longer family sessions for 1 hour 20 minutes are available at the rate of $253.

I understand that this form is valid for two years unless I cancel the authorization in

writing. I agree not to dispute charges (“charge back”) for sessions that I have

received or that I have not cancelled 48 hours prior to a scheduled session. I further

authorize Romney Ryan, Ph.D. to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

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Client Name

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Cardholder Billing Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type (Visa/MC/Amex/Discover Expiration date CRV (3 or 4 digit code on back of card)

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Cardholder Signature and Date