

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 \$ 193 per individual or couple's psychotherapy session.

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.

Client Name

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)

Cardholder Signature and Date
