

Debit/Credit Card Pre Authorization Form

I authorize Junelle Barrett Porter to keep my signature on file and to charge my Visa, Mastercard, American Express or Discovery account for recurring charges of \$_____ per 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 Junelle Barrett Porter MFT 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_____

Card Type (Visa/ MC/ Amex/Discover)

Account Number

Expiration Date

Cardholder Signature and Date