

**Bridget StJohn Therapy (Bridget StJohn, LLC)**

Bridget St John, MA, LMFTA

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**Authorization for Recurring Credit Card/Debit Card Charges**

As a convenience to you, recurring charges to your credit/debit card may be authorized to pay for you therapy sessions. Payment will be charged on the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name Bridget StJohn, LLC. With this authorization you agree that no prior notification is necessary unless the amount billed exceeds \$100.00.

Name of Client \_\_\_\_\_

Type of Account (circle one):      Visa      Master-Card      American Express      Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip Code \_\_\_\_\_

CVV (3-digit number on back of Visa, Master-Card, or Discover; 4-digits on front of AMEX)

\_\_\_\_\_

I authorize Bridget StJohn, LLC/Bridget St John, MA, LMFTA to charge this credit/debit card for professional services and associated services as agreed below. These charges may include:  
Payment for each session \$ \_\_\_\_\_

**Charge for cancellation without 24 hour notice \$30 individual  
Missed appointment (no notice of cancellation) \$60**

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify Bridget StJohn, LLC/Bridget St John, MA, LMFTA of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit/Debit Card User:

\_\_\_\_\_ Date \_\_\_\_\_