

Bridget StJohn Therapy (Bridget StJohn, LLC)

Bridget St John, MA, LMFT

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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 Therapy, 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 Therapy, LLC/Bridget St John, MA, LMFT to charge this credit/debit card for professional services and associated services as agreed below. These charges may include: Payment for each session to be determined by deductible owed, co-pay owed or cash agreement. Cash agreement here: _____

**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 Therapy, LLC/Bridget St John, MA, LMFT 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 _____