

# Pre-Authorization Form

## Recurring Credit Card Payments for Counselling Sessions

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

The undersigned Client/Cardholder hereby authorizes, Dr. Dan McKinnon and/or Talkinc Psychological Services Ltd, to obtain payment of fees for recurring counselling sessions from the Client/Cardholder's credit card account identified below. Dr. Dan McKinnon and/or Talkinc Psychological Services Ltd may charge the account from time to time, or upon expiration of the Client's counselling sessions, for all recurring counselling session fees or late/missed (minimum of 24 hours cancellation notice is required) counselling session cancellation charges, since the preceding payment, without requirement of the Client/Cardholder's signature for each payment.

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

(PLEASE CIRCLE ONE - Visa, MasterCard, and American Express Only)

CVV Number: (3 digits on back – AMEX 4 digits on front): \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_

Client/Cardholder's Authorized Signature: \_\_\_\_\_

Printed Name of Authorized Signor: \_\_\_\_\_

*By signing this form, the Client/Cardholder acknowledges and agrees as follows:*

- This signed form is confidential and will be kept on file at Dr. Dan McKinnon's office.
- Credit Card payments will appear on your statement as Dr. Dan McKinnon and/or Talkinc Psychological Services Ltd.
- If the Client/Cardholder fails to dispute a charge within thirty (30) days from the time the credit card is charged, the Client/Cardholder hereby agrees that the charges are valid and agrees not to dispute said charges.
- The Client/Cardholder authorizes Dr. Dan McKinnon and/or Talkinc Psychological Services Ltd, to automatically charge their above-referenced credit card.
- The Client/Cardholder certifies warrants and represents that the cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.
- This authorization will remain valid until revoked in writing with thirty (30) days prior written notice of revocation.

This message may contain confidential information that is legally privileged, and is intended only for the use of the parties to whom it is addressed. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify me immediately by telephone at 403.371.5323 or by replying to this correspondence. Thank you.