

**Authorization to Apply Payment to Credit Card on File**

Please initial each statement below in understanding of each statement:

\_\_\_\_\_ I understand my credit card on file will be charged following my completed 50-minute session with Teresa Kline, MA, LPC, at the rate agreed upon at time of registration.

\_\_\_\_\_ I understand that my credit card will be charged \$50 in the event I miss my appointment without advance notice. (To notify Teresa Kline that you will not be able to keep your appointment, please call or text in advance @972-268-9258).

\_\_\_\_\_ I understand that my signature of this form authorizes Teresa Kline to charge my credit card on file. Clients who do not have insurance and Clients with BCBS insurance, payments will be billed through **Stripe** via Simple Practice for services rendered. Clients who have UHC, Cigna, Aetna insurance, payments will be billed through **Alma**.

\_\_\_\_\_ I authorize Teresa Kline, LPC to charge my credit card through **Stripe/Alma**.

\_\_\_\_\_ I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Teresa Kline in writing of any changes in my account information or termination of this authorization.

\_\_\_\_\_ I certify that I am an authorized user of the credit card on file and will not dispute these transactions with my bank or credit card company, as long as the transactions correspond to the terms indicated in this authorization form.

I understand the above statements.

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date