

**AUTHORIZATION TO BILL CREDIT/ DEBIT CARDS**

I, \_\_\_\_\_, hereby grant permission to Phil  
Ginsburg to charge my credit/ debit card as partial or full payment for  
services rendered to \_\_\_\_\_  
*(Name of Patient)*

\_\_\_\_\_  
(Relation to Cardholder).

Credit Card Type \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

Expiration Date   CRV CODE \_\_\_\_\_

ZIP CODE ASSOCIATED WITH THIS CARD: \_\_\_\_\_

**Payment Guarantee:**

I understand that I am individually responsible for all incurred charges, even if I direct you to bill another person. If I direct charges to be billed to another person, I represent that I am authorized to give you such direction. I understand there is a 24-hour cancellation policy and that I will be charged without providing 24 hours advance notice to cancel a session. If an appointment is scheduled for a Monday, I understand that I must cancel by the preceding Friday prior to 4PM to avoid being charged. It is unlikely that the therapist can fill an appointment for Monday that is canceled over the weekend. In any case if the therapist is able to fill a canceled appointment you will NOT be charged.

**I have read, understand and agree to the information, authorization and guarantee stated above.**

*By entering your name in the signature field you agree to use an electronic signature in lieu of a paper-based signature. You understand that electronic signatures, just like your signing a piece of paper, are legal in the United States and in other countries.*

*I agree that by electronically signing this form that I have read and understand all of the information included on the form.*

Signature \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Phil Ginsburg holds license #11176 as a Licensed Chemical Dependency Counselor, license # 201583 as a Licensed Marriage and Family Therapist and license # 66700 as a Licensed Professional Counselor.*

**Once you are finished filling out this form, please save this file to your hard drive, and then email it as an attachment to Phil Ginsburg at [phil@familyservices.us.com](mailto:phil@familyservices.us.com) or print it out and bring to your appointment.**