



## Teletherapy Credit Card Authorization Form

Patient Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_

The undersigned Cardholder hereby authorizes Blue Ridge Psychological Services to obtain payment of fees for above patient for teletherapy services from the Cardholder's Credit Card account identified below. Blue Ridge Psychological Services may charge the account for teletherapy session fees or missed teletherapy sessions for above patient, without requirement of the Cardholder's signature for each payment (*minimum of 24 hours cancellation notice is required*).

**The Cardholder may also choose to have any remaining balances owed billed to this card by selecting the appropriate option below.**

I authorize any remaining balance to automatically be charged to this credit card.

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

- *This signed form is confidential and will be stored online via our secure credit card processing system.*
- *No paper document will be stored.*
- *The Cardholder authorizes Blue Ridge Psychological Services to automatically charge the Credit Card referenced below.*
- *The Cardholder certifies, warrants, and represents that the Cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.*
- *Credit Card payments will appear on your statement as Blue Ridge Psychological Services.*
- *If the Cardholder fails to dispute a charge within 30 days from the time the Credit Card is charged, the Cardholder agrees that the charges are valid and agrees not to dispute said charges.*
- *This authorization will remain valid for 12 months or until revoked in writing with 30 days notice of revocation.*

**PLEASE CIRCLE ONE:    Visa                    MasterCard                    American Express                    Discover**

Name on Card (printed): \_\_\_\_\_

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

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

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

Cardholder Authorized Signature: \_\_\_\_\_