

CREDIT CARD AUTHORIZATION AGREEMENT

Charles A. Schaefer, Ph.D., Inc.

Client Name (Print) _____

Credit Card Type: Visa Mastercard American Express

Card Holder's name as shown on credit card _____

Credit Card # _____ Exp. Date ____/____ (MM/YY)

Three or Four Digit Security Code _____

Zip Code associated with this credit card _____

Phone number of Credit Card Holder _____

Email of Credit Card Holder _____

I hereby authorize Charles A. Schaefer, Ph.D., Inc. to charge the credit card above to collect the client portion of payments due for services rendered. An account invoice can be requested and will serve as receipt for payments.

I also authorize Charles A. Schaefer, Ph.D., Inc. to charge the credit card for applicable fees such as any fees for sessions missed or cancelled after the 48-hour limit, unless other arrangements have been made.

I understand that I am responsible to update payment information as necessary. If Charles A. Schaefer, Ph.D., Inc. is unable to process my payment, I will be responsible for an alternate payment arrangement.

I understand that this agreement shall remain unless I cancel it in writing (e-mail is sufficient). I will not dispute Charles A. Schaefer, Ph.D., Inc.'s charges to my credit card as long as the amount in question is for services already rendered as well as related applicable fees. I guarantee that I am the legal cardholder for this credit card and legally authorized to enter into this agreement with Charles A. Schaefer, Ph.D., Inc. I acknowledge that I have read and agree to all the above terms and conditions.

Signature of Credit Card Holder (Required)

Date