

# Ivy Margulies, Psy.D.

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## Credit Card Payment Authorization

It is my policy to have a credit card on file for all my patients. If you wish to have your credit card charged for all future appointments please check the line at the bottom of this authorization form. I accept all major credit cards and use Square Card to complete the transaction. A 4% fee will be added to the amount due.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: (for Amex it is the four numbers on the front of the card) \_\_\_\_\_

I understand that I will be charged at my regular fee for missed appointments and appointments cancelled with less than 24 hours notice. Additionally, if my account is overdue by 30 days, I understand that my outstanding balance will be charged to the above credit card.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing address:

\_\_\_\_\_  
\_\_\_\_\_

Zip code associated with the billing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

CHECK HERE IF YOU WISH ALL APPOINTMENTS BE CHARGED \_\_\_\_\_

Yes