

Eric Lee Ryan, Ph.D.

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CREDIT/DEBIT CARD PRE-AUTHORIZATION FORM

I authorize Eric L. Ryan, Ph.D. to keep my signature on file and to charge my VISA, Mastercard, American Express, Discover or other credit account for recurring charges of \$ 173 per individual or couple's psychotherapy session.

I understand that this form is valid for two years unless or the duration of my treatment. I understand that I can cancel the authorization in writing. I agree not to dispute charges ("charge back") for sessions that I have received or that I have not cancelled 48 hours prior to a scheduled session. I further authorize Eric L. Ryan, Ph.D. to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Client Name

Cardholder Billing Address

City _____ State _____ Zip _____

Billing phone number: _____ Billing e-mail: _____

Account Number

Card Type (Visa/MC/Amex/Discover) _____ Expiration date _____ CRV (3 or 4 digit code on back of card) _____

Cardholder Signature and Date
