

# Eric Lee Ryan, Ph.D.

633 Cherry Street  
Santa Rosa, CA 95404

## 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 \$ 203 per individual or couple's psychotherapy session.

I understand that this form is valid for 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