



**AGREEMENT AUTHORIZING OUR OFFICE TO CHARGE YOUR CREDIT CARD**

Name on Card: \_\_\_\_\_

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

Exp date; \_\_\_\_\_ CV # \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

By my signature, below, I authorize the Office of PsyClear LLC, at 5055 West Park Blvd, Suite 400; Plano, Texas 75093 to charge the above-named credit card for services rendered on my behalf.

I **authorize** your office to charge, and I **agree to pay** the issuing creditor, for copayments, fees for clinical services and assessments provided by your office, and to charge for scheduled appoints that I failed to attend or to cancel at least twenty-four hours in advance. The credit card may also be charged, and I will pay the issuing creditor, for telephone calls, emails, and consultations with other professional providers according to the fee schedule described in the informed consent notices that I have signed with this office. Such charges may be made any time after the service has been rendered by this office.

I understand, and further **agree**, that in the event that my counselor is requested by subpoena, or otherwise, to provide records, consultation, or testimony in a legal matter, the office may charge the card, according to the fee schedule and at the rate described in the informed consent notices that I have signed with this office. Fees for litigation services may be charged in advance of providing the services, records, court appearance, deposition appearance, or other consultation, or the fees may be charged after the service has been rendered.

\_\_\_\_\_  
Signature of authorized user

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Printed Name of Authorized user

\_\_\_\_\_  
Expiration date of this authorization