

Donna Bracher, LPC
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Lansing, MI 48906
517-974-2393

**Authorization for
Remote and/or Recurring Credit Card Charges**

For your convenience, you may authorize recurring charges to your credit card to pay for therapy sessions for you or a family member/dependent. You will be charged the day of the therapy appointment unless other arrangements have been made. The charge will be made under the name **Donna Bracher, LPC**. You agree that no prior notification is necessary unless the amount billed each time exceeds **\$150 or as noted below**, in which case you will receive notification in advance.

Name of Client _____

Account Type: Visa MasterCard American Express,(AmEx) Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Zip Code of Card Billing Address _____

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx) _____

I authorize Donna Bracher to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session: \$ _____

Self-pay for session or payment for session not covered due to deductible: \$ _____

Charge for cancellation without 24 hours' notice: \$ 75

Other charges [specify]: _____ \$ _____

_____ \$ _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card User:

_____ Date: _____