IN Psych CENTER
A Licensed Clinical Social Worker Corporation

127 EAST THIRD AVE., STE 201
ESCONDIDO, CA 92025
T: 760/489-1092 F: 760/738-8128
INPSYCHCENTER.COM

Electronic Payment Authorization

Please indicate the card you wish to use for any services (including "no shows") rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time services are rendered. We accept: Visa, MC, and Discover.

Payments are processed by Therapy Partner.
Therapy Partner is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA National Association, Buffalo, NY.

Client Information:

Client Name: ____ Date of Birth: ____________________

Address: __________________________ City: _________________ State: __________ Zip: __________

Home Number: _______________________ Mobile Number: _______________________

Please provide your email if you would like to receive statements or "superbills" via email.
Email: ____

Billing Information:

Please indicate the information associated with the debit or credit card you wish to use if it is different from above.

Name: ____

Address: __________________________ City: _________________ State: __________ Zip: __________

I authorize all service fees to be deducted from the card ending in _______ (last four digits of the card)

Please enter the CVV code _________ (last three digits on back of card)

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

Client's Full Name(s) _______________________________________

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

____ ______________________
Cardholder Signature **Date**

- -

Debit/Credit Card Information:

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one): Visa MasterCard Discover

Card Number: ______________________________________ Expiration Date: ____________________