



CREDIT CARD AUTHORIZATION

By my electronic signature of this form, I authorize charges to my credit card through ClientPay, an AffiniPay solution, for services rendered. These charges will appear on my bank/credit card statement as Anne Phillips Therapy. I have the right to request a paper copy of this document.

I authorize Anne Phillips Therapy to charge my credit card through ClientPay.
CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Anne Phillips Therapy in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Client Name: _____

Client Signature: _____

Date: _____