



## CREDIT CARD AUTHORIZATION FORM

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I, \_\_\_\_\_, authorize DBT of TOWSON, LLC, to keep my signature and credit, debit, or flex card information on file. I authorize DBT of TOWSON to charge my card for

- group and/or individual sessions if I do not present my card at the time of service
- any missed sessions
- any remaining sessions in a module if I stop group before the end of the module
- any individual sessions that I cancel without providing at least 24 hours' notice
- any outstanding balances accrued upon termination of group and/or individual services.

I agree that if I have questions or concerns regarding charges to my card, I will contact DBT of TOWSON for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with DBT of TOWSON and those attempts have failed.

DBT of Towson, LLC stores all credit card numbers in a locked file and cards are charged through a secure, online credit card processing. I understand that though this information is secured, and is unlikely to be tampered with, I assume the risk if the file and/or credit card information is compromised. I understand that this authorization is valid until canceled in writing.

*If I am paying for psychotherapy sessions for someone other than myself or my minor child, I understand that I am not entitled to information pertaining to confidential psychotherapy sessions.* Initial \_\_\_\_\_

I have read, fully understand, and agree to the term of this Credit Card Authorization Form.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

OVER →



DBT of TOWSON

Dialectical Behavior Therapy

## CREDIT CARD INFORMATION FORM

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Cardholder Name (print): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Card Type (circle one):      Visa      Mastercard      American Express      Discover

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

Expiration Date (mm/yyyy): \_\_\_\_\_      Security Code (3 digit): \_\_\_\_\_

### Credit Card Billing Address

Street \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip code \_\_\_\_\_

Phone \_\_\_\_\_

I understand that my card will be charged for any fees outlined in the Credit Card Authorization Form, which I signed and agreed to.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date