

# Psychological Services of Alaska

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## Credit Card Recurring Payment Authorization Form \*

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each session for the charges due on that date. You agree that no prior-notification will be provided if the total payment is under the amount specified below (typically the cost of one session.) If your bill is more than the amount indicated below, you will receive notice from the provider prior to the payment being collected.

You will receive a receipt by email of the financial transaction. The email will be encrypted; the password to open it will be your last name unless you request otherwise. This is not the receipt required to file a claim with your insurance. The receipt required to file a claim is the duplicate form given at the end of each session.

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### Please complete the information below:

I \_\_\_\_\_ authorize Psychological Services of Alaska to charge my credit card indicated below on each date of service for payment of psychotherapy, no-show charges, and/or assessment services. I understand that I will only receive advance notice of the charge if it exceeds

\_\_\_\_\_.

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:	Visa	MasterCard	Amex	Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

\* This is an optional form, provided for your convenience if you choose to put a credit card on file.