



Family Therapy Institute of Santa Barbara

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your debit/credit card. You will be charged the amount indicated below for each counseling session with your therapist. This form will be securely stored in your clinical file and may be updated upon request. A receipt for each payment can be provided to you upon your request. You agree that no prior notification will be necessary unless the date or amount changes, in which case you will receive notice from us at least 7 days prior to the payment being collected.

Please complete the information below:

I _____ authorize The Family Therapy Institute of Santa Barbara to
(full name)
charge my credit card indicated below for \$_____ for payment of each counseling session with
(insert amount)
_____.
(therapist name)

Billing Address _____ Phone# _____

Zip Code _____ Email _____

Credit/Debit Card

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Family Therapy Institute of Santa Barbara in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next billing date. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.