

Tracy S. Dow, Psy.D.
Licensed Clinical Psychologist
6750 West Loop South, #1000
Bellaire, Texas 77401
713-444-1372

Standing Credit Card Authorization Agreement

Patient _____

Guarantor _____

Effective Date of this Agreement _____

I, _____, authorize Tracy S. Dow, Psy.D. to charge the following credit card for:

- _____ Group Treatment
- _____ Individual Treatment
- _____ Consultations
- _____ Testing
- _____ Other

This authorization extends to **multiple visits/sessions** on or after the Effective Date and will remain in effect unless and until revoked. Individual charges will typically be at or above \$195 per 45 minute session (for individual treatment), and will, in any event, be at or below the therapist's prevailing rate for the service(s) provided. Should charges submitted be declined by the credit card company for any reason, I agree to promptly pay such charges in cash upon notice by payee.

Name (as appears on card) _____

Type of card (circle one) MasterCard Visa AmericanExpress

Card Number _____

Expiration Date (mo/yr) _____

Mailing Address (where credit card statement is sent for company verification):

Guarantor's Signature

Date

Tracy S. Dow, Psy.D.
For payee,
Tracy S. Dow, Psy.D.

Date

