

Welcome To LDTherapy

Payment Authorization Form

LDTherapy accepts credit/debit cards, cash, and check payments. Payments are required at the time of the session. According to office policy, each client must provide credit card information to have on file. This information will be kept in a safe, confidential place. Please fill out the subsequent form agreeing to automatic charges under the following circumstance:

- Missed appointments or those cancelled with less than 48 hours notice.
- A balance of 2 sessions or more has accumulated (including any balance not covered by insurance).
- There has been a balance of at least 1 session for 2 weeks or more.
- A payment plan has been put into effect (i.e. a client agrees to be charged automatically each week).

I, _____, authorize LDTherapy to charge my credit card

Card Number: _____

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

Expiration date: _____

Security Code: _____

Billing Address

Print Name: _____

Signature: _____

Date: _____