

William T. Lent, LCSW, LLC

**PO Box 331
Rhinebeck, New York 12572
(646) 322-1582**

Credit/Debit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit/debit card.

Please complete the information below:

I _____ authorize William T. Lent, LCSW, LLC to charge my credit/debit card

indicated below for <\$ _____> on the date of each session or within 24 hours of the session for payment of my psychotherapy, running therapy or coaching bill.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

| |
|---|
| Account Type: Visa MasterCard AMEX Discover |
| Cardholder Name _____ |
| Account Number _____ |
| Expiration Date _____ |
| CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ |

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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 at least 15 days prior to the next billing date. 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. 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 payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____