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Recurring Payment Authorization Form

You are able to schedule your payment to be automatically charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you are out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your debit/credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Account/Client Name: _____

I _____ authorize **Carolina Psychological Associates** to charge my credit
(full name)
card indicated below for \$ _____ on each appointment for payment on my account or that of my son/daughter's account.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Visa _____ Mastercard _____ Discover _____ Cardholder Name _____ Account Number _____ Exp. Date _____ CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Carolina Psychological Associates 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. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Carolina Psychological Associates** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.