

Jennifer L. Todd, LCSW, ACHT
87 Park Street
Montclair, NJ 07042
(973) 868-4713
www.JenniferLTodd.com

Credit Card Authorization Form

Please note that this form will be securely stored in your clinical file and that you are willing to assume the risk for keeping this information on file.

I authorize Jennifer L Todd, LCSW, ACHT, Lic#44CS05228500, to keep my signature and card information on file and to charge therapy session fees (individual, group workshops, couples, family or other), and any fees related to therapy related materials (workbooks, DVD's, CD's, and other materials and or fees), or for any appointments with therapist Jennifer L Todd, LCSW, ACHT that are not cancelled 24 hours before the scheduled appointment time to be charged to my credit, charge or debit card or flex spending account as filled out below for therapy services provided to:

(Therapy Clients Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in my client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. I understand that the charges for ongoing services or materials will normally be posted to my credit/ debit/ flex card account within 72 hours of each session date and my session fee will be charged at the start of the day on the day of my session, unless other arrangements have been previously agreed upon.

Additionally, I agree that the card listed below may be charged by Jennifer L Todd, LCSW, ACHT in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services including any materials [i.e. books, CD's, DVD's] that I have not returned within one (1) week of termination. I understand that if a charge back fee is incurred or a retrieval fee of is incurred I am responsible for these fees.

INITIAL _____

I agree that if I have any concerns or questions regarding charges to my account or if the charge fails to post to my account, I will contact Jennifer L Todd, LCSW, ACHT for assistance and/ or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Jennifer L Todd, LCSW, ACHT and those attempts have failed.

INITIAL _____