

Michelle Lopez PhD Psychology Inc

16959 Bernardo Center Drive Suite 200, San Diego, CA 92128

Email: email@michellelopezphd.com Phone: 619-800-1566

Credit Card Authorization Form

As a convenience to our clients, we accept VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER. You may choose to keep a copy of your credit card on file, to be charged at the time of service in lieu of writing a check.

I, (Print Name) _____ authorize Michelle Lopez PhD Psychology Inc to charge my credit card for services rendered. I understand that (a) my credit card information will be kept on file, (b) my credit card account will be charged at the time of service, and (c) by signing this document, I need not present my credit card at each visit. **I further understand that I may terminate this authorization upon no less than 24 hours notice by sending to Michelle Lopez PhD Psychology Inc, at the address above, a letter stating that I elect to terminate this automatic authorization.**

I am aware that I will be charged for all appointments, including missed appointments, and those canceled less than 24 hours in advance. I am also aware that other charges may include but are not limited to: evaluations and report writing, consultation, phone consultation/sessions and consultations with other professionals involved in the treatment.

Credit Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Expiration: _____

Security Code (on back of card): _____ Billing Zip Code: _____

I HEREBY AUTHORIZE MY CREDIT CARD TO BE CHARGED FOR SERVICES RENDERED AS STATED ABOVE, BY MICHELLE LOPEZ PHD PSYCHOLOGY INC.

Cardholder's Signature

Date

Cardholder's Printed Name