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Credit Card One-Time or Recurring Payment Authorization

Pre-authorization for payment of recurring charges by credit card is an optional service offered to you by RW-PhD-PC.

I authorize Reid Whiteside, PhD PC (RW-PhD-PC) to store and charge my credit or debit account on file for the cost of services provided according to the Psychologist–Patient Services Contract rate schedule, or charges set by BCBS if I am a subscriber and Dr. Whiteside participates in my network. I may owe an administrative fee if the card is declined. RW-PhD-PC may add a 3% surcharge to payments under $30 and for payments over $300.00.

I understand and agree that RW-PhD-PC WILL charge $35 for late-cancelled or $75 for missed appointments. The late cancellation or missed appointment fee will be credited back to me if I inform RW-PhD-PC within seven days that the miss was due to emergency, contagious illness (in self or family), or unsafe driving conditions.

Please complete the required information below:

I _____ authorize *Reid Whiteside, Ph.D., P.C.* to charge my credit or
(Full name of authorized cardholder)
debit card, specified below, for payment of charges for professional services. This authorization remains in effect until the expiration of the card or upon written notification provided to RW-PhD-PC.

Billing Address _____ City, Zip code _____

Account Type: ☐ Visa ☐ MasterCard ☐ Discover Card

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

One Time Payment Authorization

If initialed here ☐ **I authorize use of my credit card (above) to make a ONE TIME ONLY payment of:** ☐

SIGNATURE _____ DATE _____

If not to the Cardholder's account, specify the account(s) to which payments should be applied:

Patient(s) or Client(s): _____