**WISE PSYCHOLOGICAL SERVICES, LLC**

**1200 EAST WOODHURST T300**

**SPRINGFIELD, MO 65804**

**Credit Card Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am authorizing Allison Wise, PSY.D of Wise Psychological Services LLC, to charge my credit card in the event that I fail to show for a scheduled appointment as recorded on the superbill, or do not notify Dr. Wise of my inability to attend a scheduled appointment at least 24 business hours in advance, as agreed to in the Policies and Procedure Form. Furthermore, for outstanding payments of services rendered, I authorize Dr. Wise to charge my credit card for the full amount due. I will not dispute charges for sessions I have received or that I have not cancelled less than 24 business hours in advance. I further authorize Dr. Wise to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

**Card Type:** Visa MasterCard Discover American Express

**Card #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exp. Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name as Printed on Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification/Security Code:** \_\_\_\_\_\_\_\_\_\_\_ (3-digit code on back by signature line)

**Billing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, City, State & Zip)

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

(financially responsible party or patient)

Please note: This form will be securely stored in your clinical file and may be updated upon request at any time. Your credit card will not be charged unless the following conditions apply: no-show for a scheduled appointment, cancellation less than 24 business hours in advance, or participation in treatment.