

Name: \_\_\_\_\_



352 Seventh Avenue, Suite 306 New York, NY 10001  
212-337-9990 (o) 212-337-9914 (f)  
[www.hartsteinpsychological.com](http://www.hartsteinpsychological.com)

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### CREDIT CARD AUTHORIZATION POLICY

**Purpose:** The attached form is for provision of credit card information to Hartstein Psychological Services. Your credit card information will be kept secured and confidential. Your card will only be charged, with your expressed knowledge, based on your payment agreement with Hartstein Psychological Services.

You will be informed of charges being made to the card, which will occur in the following circumstances:

- 1) Weekly or monthly payment of services rendered
- 2) If a past due balance of more than one month accrues

By submitting this form, the undersigned agree to the following:

- 1) I hereby authorize Hartstein Psychological Services to charge any applicable fees to my credit card for services received.
- 2) This form will be kept on file, and will remain in effect, until revoked in writing and/or expiration date of the card has passed. I understand that it is my responsibility to complete a new credit card authorization form if/when the credit card has been renewed, revoked, cancelled or misplaced.
- 3) I understand that in the event any charge against this account is denied, I will be informed immediately and will provide an alternate form of payment. This can include a different credit card, cash, money order or certified check.
- 4) I understand that I may remove authorization in writing at any time if I prefer to pay in cash, money order or check.

\_\_\_\_\_  
Print name of client

\_\_\_\_\_  
Print name of client's representative (for clients under 18)

\_\_\_\_\_  
Signature of client (or representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signed by client's representative, state representative's authority to act on client's behalf