



### Credit/Debit Card Pre-Authorization Form

I authorize Timothy D. Stein, MFT to keep my signature on file and to charge my VISA, MasterCard, or Discovery Card account for recurring charges of

\$\_\_\_\_\_ per psychotherapy session.

I understand this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges (“charge back”) for sessions I have received or that I have not cancelled 24 hours prior to a scheduled session. I further authorize Timothy D. Stein, MFT to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

- VISA
- MasterCard
- Discover

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Billing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Cardholder Signature Date