



Credit Card Authorization Form

In order for Sahaya Therapy, LLC to accept and bill your credit card, please complete all required fields, sign, date and click on submit. All information submitted is strictly confidential and Sahaya Therapy, LLC adheres to the highest standards of account data protection.

Name*

This field is required.

Enter the name of the client attending therapy.

First:	Last:
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Billing Information *as it appears on your credit card statement*

Phone Number*

Email*	Confirm email
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Billing Address*

This field is required.

Street Address

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Street Address Line 2

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City/State/Zip Code

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Please Check the Appropriate Box*

This field is required.

Choose payment authorization type

- One Time Use:** I hereby authorize Sahaya Therapy, LLC to charge the indicated credit card the amount indicated below. This is a one-time charge authorization. I am not authorizing Sahaya Therapy, LLC to set up my account within a recurring billing system. I understand that if I want Sahaya Therapy, LLC to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the Recurring Billing option below.

Amount

For One Time Payment: The amount you are authorizing to be charged

- Recurring Billing:** I hereby authorize Sahaya Therapy, LLC to charge the indicated credit card on a periodic basis for the amount due on services provided me by Sahaya Therapy, LLC including but not limited to session costs, copays, cancellation fees, etc. This recurring payment authorization shall remain in force until canceled by me in writing or three (3) declined payment transactions.



Please Provide Credit Card Information*

These fields are required.

Credit Card Number

CVV Code & Expiration Date

<input type="text"/>	<input type="text"/>
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Card Holder Signature & Date*

This field is required.
