**CREDIT CARD AUTHORIZATION FORM**

In order for Sahaya Therapy, LLC to accept and bill your credit card, please complete all fields in its entirety, 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.

Sahaya
Therapy, LLC

**NAME**

| First | Last |
|---|---|
|  |  |

**BILLING INFORMATION**
As it appears on your credit card statement.

**ADDRESS**

| Street | City | State | Zip |
|---|---|---|---|
|  |  |  |  |

|  |
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**CHECK THE APPROPIRATE BOX**
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: |  |
|---|---|

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 to 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 cancelled by me in writing or three (3) declined payment transactions.

**CREDIT CARD INFORMATION**

| Credit Card # **(MUST INCLUDE SPACING)** | CVV Code | Expiration Date |
|---|---|---|
|  |  |  |

Example:  1234 5678 9012 3456

CARD HOLDER SIGNATURE                                                       DATE