

**Dionne Reid-Hayles, LCSW**  
**Client Credit Card Authorization**

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**Client Credit Card Pre-Authorization**

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

<b>OPTIONS</b>	<p>____ (initial) I hereby authorize <b><i>Dionne Reid-Hayles, LCSW</i></b> to charge the balance of my account automatically at the end of each session. Card will be charged the FIRST of the each month for prior month fees.</p> <p>____ (initial) I choose to manually pay my account balance online at the beginning of each session. Fee is due at the time service is render, unless an agreement has been made between you and your therapist. If there is any outstanding balance after the 15<sup>th</sup> of the month, balances are considered past due and will be charged a \$25 late fee. After 30 days, account balances will automatically be charged to the card on file.</p>
<b>PAYMENT INFORMATION</b>	<p>Client Name: _____</p> <p>Client Billing Address: _____</p> <p>Type of Card:      <input type="checkbox"/>       <input type="checkbox"/>       <input type="checkbox"/> </p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code: _____ <small>(last three digits on card, last four on AMEX)</small></p> <p>The undersigned guarantees performance of the financial provisions of this agreement.</p> <p>Card Holder Name: _____</p> <p>Signature of Card Holder: _____ Date: _____</p>
<b>CHARGE POLICY</b>	<p>____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.</p> <p>____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within <u>30</u> days.</p>

