

The Auburn-Davis Center for Dialectical Behavior Therapy

Adolescent Program

CREDIT CARD AUTHORIZATION

As stated in the *Informed Consent Statement & Office Policies*, as well as in the *Client Financial Responsibility Agreement*, Unless other arrangements have been agreed upon, ALL payments are processed weekly on Mondays (last names A-L) and Wednesdays (last names M-Z). Clients are required to keep a credit card on file. We will bill your credit card for weekly services rendered. This card *will* be used for missed individual therapy sessions not cancelled with at least 48 hours notice, as well as for any outstanding balances over 30 days old, and/or for balances exceeding \$500.00. For questions about billing, the Billing Department can be reached at (530) 888-9800. Charges will show as “The Therapy Center of Susan Landes”.

Credit Card Information

Name: _____

Card Number #: _____

Exp: _____ / _____ 3 Digit CVV _____ Billing Zip Code _____

Notice: Weekly credit card billing is done on Mondays for those whose last name begins with A-L and M-Z is billed on Wednesdays. This schedule might vary slightly.