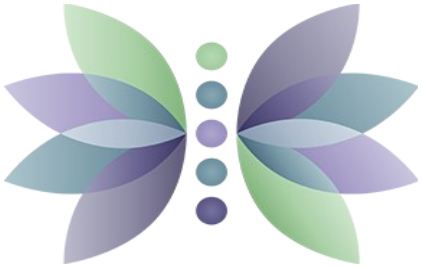

Christina L. Gmyr, Licensed Mental Health Counselor, PLLC
12 W. Genesee Street, Baldwinsville, NY 13027
(315) 228-0866
cgmyr@christinagmyr.com

Credit Card Authorization Form

You are **required** to complete this form even if you do not plan to pay for your sessions via credit card (a deposit check in the amount of $125 may be left in lieu of credit card information for in person sessions only). This form will be securely stored in your clinical fire and updated upon request at any time.

By signing this agreement, I authorize Christina L. Gmyr, Licensed Mental Health Counselor, PLLC to bill my credit card for professional services rendered to the "client" under the following circumstances:

1. Missed/forgotten payments (payment for sessions are due at the time services are rendered).
2. Payment for online counseling services.
3. Sessions that are not canceled/rescheduled with at least 24 hour advanced notice will be charged the full session fee of $125 as outlined in the cancellation policy.
4. Returned checks will incur the check amount plus an additional $25 bank fee.

Credit Card Type (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Number: _____

Name as Printed on Card: _____

Expiration Date: _____ Security Code (3-digit code on back of card): _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

_____ _____
Signature Date

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Christina L. Gmyr, Licensed Mental Health Counselor, PLLC in writing of any changes in my account information or termination of this authorization at least 2 days prior to the next billed session. I understand that the payments may be executed within a week of the session date. I acknowledge that the origination of transactions to my account must comply with provisions of U.S. Law. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.