

Paolo Morena, LLC, MS, NCC, CCMHC
Licensed Professional Counselor

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Phone Number: (203) 837-0055

CREDIT / DEBIT CARD AUTHORIZATION FORM

I, _____ (Print Cardholder Name), hereby authorize Paolo Morena, LLC to keep my signature on file in order to secure my initial appointment and/or charge fees, or partial fees, (including processing fees) to my credit or debit card account for services provided to _____ (Print Client Name) as detailed in the Informed Consent Info Packet, including fees for appointments that are not cancelled within 48 hours. I understand that fees will be charged to my credit or debit card on the same day that charges are incurred and that I may be provided with an itemized monthly invoice detailing all of my charges at the mailing address specified below.

I agree that: · In the event that my card becomes invalid, I will immediately provide Paolo Morena, LLC with a new duly executed Credit/Debit Card Authorization Form upon request, to be charged for the payment of any outstanding balance owed. · This authorization is valid until cancelled in writing. · If I have any problems or questions regarding charges to my account, I will contact Paolo Morena, LLC for assistance. I agree that I will not dispute any legitimate charges processed by Paolo Morena, LLC.

CREDIT CARD INFORMATION: (please print legibly)

Cardholder Name (As it appears on the card): _____

Billing Address: _____

Mailing Address (if different from above): _____

Card Type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ CCV (3 or 4 digit #): _____

Cardholder Signature: _____ Date: _____