Selby Psychological Services, PLLC
6 State St., Suite 208
Bangor, ME 04401

CREDIT CARD AUTHORIZATION FORM

I am pleased to accept Visa or MasterCard for your payment today. As an added convenience, you may authorize me to charge your card automatically for copayments due at each appointment, as well as any outstanding balance you may have. Please allow up to five (5) business days to process your charge.

Patient Name (Please Print): _____

❑ **One Time Charge Authorization:** The undersigned card member consents and permits Selby Psychological Services, PLLC, as applicable, to charge to my Credit Card Account specified below.

Amount to be charged to my Credit Card today: $ _____ . _____

❑ **Recurring Charge Authorization:** The undersigned card member consents and permits Selby Psychological Services, PLLC, as applicable, to charge to my Credit Card Account specified below, the amounts due from me for services provided to me during the applicable billing cycles. I release Selby Psychological Services, PLLC, as applicable, from any and all claims arising from the use of this service. I understand and agree that Selby Psychological Services, PLLC, as applicable, may continue to charge such amounts to my Credit Card Account until receiving notification from me that I have withdrawn this consent and permission, at which time Selby Psychological Services, PLLC, as applicable, shall cease charging any such amounts to my Credit Card Account.

Credit Card Number _____ – _____ – _____ – _____

❑ Visa ❑ MasterCard Expiration Date: _____ / _____
Month Year

Name as it appears on the card _____

Credit Card billing address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Send receipt via e-mail ❑ Yes ❑ No (Your credit card number will **not** appear on the receipt.)

E-mail address (please print clearly)_____