**CREDIT CARD AUTHORIZATION**

Your credit card information will be kept on file. If you have

an outstanding balance on the last day of the monthly billing cycle,

your credit card will automatically be billed. Your credit card will be billed according to schedule fee. All court services will be billed at the hourly rate to include any necessary paperwork, phone calls, travel and needed correspondences. If you would prefer to pay by credit card, please list below:

PLEASE CIRCLE ONE: VISA MASTERCARD DISCOVER

Credit Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as written on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: Month\_\_\_\_\_ Year\_\_\_\_\_

3 Digit Security Code on Back of card \_\_\_\_\_\_\_

Billing Address and Zip Code for the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my authorization and consent for the above listed card

to be used for payment to Deanna Dial D.O.. The billing

charge will reflect the service rendered per the office policy and will

be itemized on the monthly billing statement. I understand that I am

financially liable for fees incurred due to failure to cancel

appointments 24 hrs in advance. (Please be aware that the date(s)

listed on your credit card statement will reflect the date of processing

the charge, not necessarily the actual date of service, since not all

fees are processed on the date of service.)

If I do not pay Dial Psychiatry PLLC by cash or check at the time of service for session fees or other fees, I agree Dial Psychiatry may charge the credit/debit card I provided over the phone or entered through the secure Client Portal for such fees. I agree to pay such fees, plus an administrative charge, for each credit/debit card transaction. I agree to pay these charges in accordance with the issuing bank cardholder agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_