

Marie Ragona, LCAT, ATR-BC

Marie Ragona  
MA, LCAT, ATR-BC

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Marie@MarieRagona.com

### Credit Card Authorization Form

I authorize Marie Ragona to charge my full session fee + a 5% processing fee to the credit card provided herein:

For any payment that is more than 2 weeks late (session fees, late cancellation fees, etc.)

I agree to pay for this service/purchase in accordance with the issuing bank cardholder agreement. I understand there is a \$30 penalty for any declined charges (insufficient funds, closed bank account, etc.).

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

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Credit Card Type:            Visa    MasterCard    Discover    AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number: \_\_\_\_\_ (3 digits on back or AmEx 4 on front)

Email to Receive Receipt: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### OFFICE USE ONLY:

Fill out the following when authorization is terminated:

Termination Date \_\_\_\_\_

Reason for Termination of Authorization:

Termination of Therapy    New Credit Card    Other

Explanation: \_\_\_\_\_