

SRI PSYCHOLOGICAL SERVICES, P.C.

261 Old York Road
Suite 318
Jenkintown, PA 19046

Phone: 215-885-3337
Fax: 215-885-3090
Email: info@sricanhelp.com

Credit Card Pre-Authorization Form

In an effort to better serve our clients and simplify your billing experience, SRI offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

Please select and initial either option:

_____ **(Initial):** I hereby authorize SRI Psychological Services, PC to change the balance currently due on my account, as a one time payment for the amount of \$_____.

_____ **(Initial):** I hereby authorize SRI Psychological Services, PC to charge the balance of my account automatically after each visit. The card will be charged within 10 business days of the session.

Client Name: _____

Billing Address: _____

Type of Card: Visa MasterCard Discover

Is this a Health Savings Account? _____ Yes _____ No

Card Number: _____

Expiration Date: _____ / _____ **Three Digit Security Code:** _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ **Date:** _____

Being the cardholder, by signing above, I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

_____ **(Initial)** Charges made for actual services performed by our offices are non-refundable. In the event of pre-payment any unused funds will be refunded in 30 days.