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Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each visit for the total amount due for that period. A receipt will be mailed/mailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under **100.00**.

Please complete the information below:

I _____ authorize Joel A. Holiner, MD PA to charge my credit card
(full name)

indicated below for each scheduled visit.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Amount Authorized \$ _____

Frequency: Weekly Monthly on the _____ Per Visit

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. My signature above authorizes charges for session fees for any late cancellations (less than 24 hour notice), session fees for any no-shows and outstanding balances for insurance claims not paid within 90 days.