



47 E. South St., Suite 001-A, Frederick MD 21701

Phone: 240-457-9558

**Credit Card Authorization**

I \_\_\_\_\_ authorize Kelly Beins, OTR/L of Occupational Therapy Consulting, LLC, to keep my credit card information on file and to use this information to charge and pay for services.

I understand that I will be notified by invoice as to the amount and nature of each charge. I understand that my credit card information will be used to process payment for any and all cancellations, per the cancellation charges section on the Occupational Therapy Consulting, LLC fee schedule. I am also aware that my credit card information will not be used for anything other than payment for the services as listed above, and will be kept in a secure location. Credit Card information will not be released to anyone who is not directly employed by Occupational Therapy Consulting, LLC and will only be released for the purposes of processing payment for services rendered.

\_\_\_ **I DO** want to have all payments automatically deducted from this Credit Card

\_\_\_ **I DO NOT** want payments automatically deducted from this Credit Card. I will provide type of payment at each session.

**Type of Credit Card: Circle**

Visa    MasterCard    Discover    American Express    Debit/Check card

**Credit Card Number:**

\_\_\_\_\_

**Expiration Date:** \_\_\_/\_\_\_/\_\_\_    **Security Code (Last 3 Digits on back of card):** \_\_\_\_\_

**Pin Number (IF using for check and Debit Cards ONLY):** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_/\_\_\_/\_\_\_    **Printed Name:** \_\_\_\_\_

**Clinician's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_