

# HART PSYCHOTHERAPY, INC

## MORGAN HART, LCSW

LCS 29378

### Credit Card Authorization Form

I, \_\_\_\_\_, authorize Morgan Hart, LCSW to charge the following credit card for current and future psychotherapy sessions and other authorized services provided to me, I understand that I have the option to pay for sessions using the Venmo or Zelle applications, or with cash. I absolutely and unconditionally guarantee payment for any purchases made with the credit card account number stored securely in the Ivy Pay application. I understand that my credit card will be charged the fees as agreed to in the psychotherapy contract and consent form. I understand that if I miss an appointment or cancel or change an appointment with less than a 72-hour notice, that I will be charged the usual session fee. I understand that if I would like to pay with Venmo or Zelle, I can do so on the same day of the session, in lieu of my credit card. If Morgan Hart is unable to obtain my payment through Venmo or Zelle in a timely manner, my credit card will be charged.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date