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CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Erika Baxter to debit your credit card as listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for therapeutic treatment fees accrued while in treatment with Erika Baxter. Credit cards may be run in the event that you forget to bring cash, check or a valid credit card to your session. Credit cards will also be debited in the event that you fail to give adequate notice by phone of missing an appointment. No more than two consecutive missed appointments will be billed.

Please complete the information below:

I, _____ (full name printed) authorize Erika Baxter to charge my credit card account indicated below (your card may also be copied for our records). Fees accrued for missed appointments or failure to provide payment at the time of service will be processed via credit card at a rate of $200.00 per 50-minute session and $300.00 per 75-minute session.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Account Number
Expiration Date
CVV Code
Zip Code connected to card

Payee signature _____

Date _____