

MARNA REED  
1710 DOUGLAS DRIVE, SUITE 275  
GOLDEN VALLEY, MN 55422

### Credit Card Authorization

This authorization form will be securely stored in your file and remains valid for one year unless you cancel it in writing. You may update or revoke this agreement at any time by providing a written request.

I authorize Marna Reed, M.A., L.P. to keep my credit/debit card information and signature on file and to charge my card for the following reasons:

Please initial:

- \_\_\_\_\_ **Appointments attended.** For co-payment or when this is my intended payment method at the time of service.
- \_\_\_\_\_ **Missed appointments.** I understand and agree that my card will be charged the full session amount for cancellations made within 24 hours or for failed/missed appointments.
- \_\_\_\_\_ **Charge backs.** I will not dispute charges for sessions I have received or appointments I missed according to the above policy. An additional \$30 is assessed if valid charges are disputed.
- \_\_\_\_\_ **Insufficient funds/returned checks.** A \$30 fee is assessed.

◆ *Charges will appear on your statement as Marna Reed, MA, LP* ◆

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Number	_____			
Expiration	_____	Security Code	_____	
Name (as printed on card)	_____			
Billing Address	_____			
Zip	_____			
Signature	_____	Date	_____	