

Hilber Psychological Services

Tanya L. Hilber, PsyD · Clinical Psychologist PSY 24479

P: 619.630.7793 · F: 619.923.2773

drhilber@hilberpsychsandiego.com · www.hilberpsychsandiego.com

Credit Card Authorization Form

I authorize Tanya L. Hilber, PsyD to keep my signature on file and charge my debit or credit card for:

Charge of \$_____ per psychotherapy session or psychological evaluations

Check here if the charges are recurring

I understand this form will be valid for one year unless I cancel the authorization in writing. I agree not to dispute charges (“charge back”) for sessions that I have received or for fees where I have not cancelled 24 hours prior to a scheduled session. I further authorize Dr. Hilber to disclose information about my attendance/cancellation to my credit card issuer should I dispute a charge.

Client Name: _____

Card Holder: _____ Relationship to Client: _____

Billing Address: _____

Telephone: _____ Email: _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____ CVC Code: _____

Card Holder Signature: _____ Date: _____