

Taylor Grove Yates
& Associates
1 Huntington Rd Suite 105
Athens, GA 30606

Credit/Debit Card Pre-Authorization Form

I authorize Taylor Yates & Associates to keep my signature on file and to charge my Visa or MasterCard Account for recurring charges of \$_____ per therapy/counseling session. I also authorize charging my credit card for the full fee (\$80) for any appointment that is not kept or cancelled in accordance with our policy.

I understand this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges ("charge back") for sessions I have received or not cancelled 24 hours prior to the scheduled appointment. I further authorize Taylor Yates & Associates to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Client name

Cardholder name

Billing Address City, State Zip Cardholder

Account Number expiration date

Cardholder Signature Date