



# Debit / Credit Authorization

Complete if you wish to use your debit or credit card to pay for services

**CLIENT NAME**

**DATE**

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**DEBIT / CREDIT TYPE (CIRCLE ONE)**



**CARD NUMBER**

**EXPIRATION DATE**

**CVV**

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**NAME ON CARD**

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**BILLING ADDRESS**

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I hereby authorize Rise Canyon Ranch to process the above information for payment of services rendered according to the "Informed Consent," including therapy sessions, telephone contact, document preparation, late-cancellations, no-shows and any outstanding account balance.

I understand that my card will be charged on a regular basis, on or about the day services are provided, unless other arrangements are made.

**CARDHOLDER SIGNATURE**

**DATE**

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