

Open-Minded Marriage & Family Therapy, PLLC

Credit Card Authorization

By signing this form, you authorize charges to your credit card through Stripe via Sessions Health for services rendered. These charges will appear on your bank/credit card statement as the appointment service and description.

I authorize Open-Minded MFT, PLLC to charge my credit card through Stripe. I also agree that my credit card can be charged for any session that is not cancelled more than 24 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Open-Minded MFT, PLLC in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute any scheduled transaction with my bank account or credit card company if the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transaction could be linked to Protected Health Information.

Name on Card _____

Card Number _____

Expires _____

CVV _____

Zip Code _____



Signature _____

Date _____