



Credit Card Authorization Form

Please help us to keep our business running smoothly! Please choose the best option for you.
You may cancel this authorization at any time by contacting us, but you will still be held responsible for any services you receive. This authorization will remain in effect until cancelled.

____ I, _____, authorize Ayama Psychotherapy LLC to save my most recently used credit card information for any future transactions for agreed upon services. My attendance to a session or class with Ayama Psychotherapy is my indication that it is an agreed upon service.

____ I, _____, I agree to pay online on the same day as my services and understand that it is my responsibility to acquire online access if I have lost my login information (email: Jen at Jennifer@ayamapsychotherapy.com to get it reset).

____ I, _____, I agree to send in a check on the same day as I receive services (prepayments will be accepted if you wish to just send in a monthly check for ease).

Client Signature

Date

Client name printed