

Credit Card Authorization

By your electronic signature of this form, you authorize charges to your credit card through Headway, or Stripe via SimplePractice (this varies by client) for services rendered. You have the right to request a paper copy of this document.

I authorize Edelweiss Therapy, PLLC or any company such as Headway or another third party billing on behalf of Edelweiss Therapy, PLLC to charge my credit card or bill my insurance for services rendered. I also agree that **my credit card** (**NOT** my insurance or Employee Assistance Program [EAP]) can be charged the \$60 cancellation fee (not my co-pay or typical therapy fee) for any session that is not cancelled within **24 hours**. (As long as it is allowable by Edelweiss Therapy, PLLC's agreement with my insurance or Employee Assistance Program [EAP]).

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Edelweiss Therapy, 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 these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.