

Marie Ragona, LCAT, ATR-BC

Marie Ragona
MA, LCAT, ATR-BC

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Credit Card Authorization Form

I authorize Marie Ragona to charge my full session fee + a 5% processing fee to the credit card provided herein:

☒ For any payment that is more than 2 weeks late (session fees, late cancellation fees, etc.)

I agree to pay for this service/purchase in accordance with the issuing bank cardholder agreement. I understand there is a \$30 penalty for any declined charges (insufficient funds, closed bank account, etc.).

Signature: _____ Date: _____

Print Name: _____

Phone #: _____

Credit Card Type: Visa ☐ MasterCard ☐ Discover ☐ AmEx ☐

Credit Card Number: _____

Expiration Date: _____ Card Identification Number: _____ (3 digits on back or AmEx 4 on front)

Email to Receive Receipt: _____

Name on Card: _____

Billing Address: _____

OFFICE USE ONLY:

Fill out the following when authorization is terminated:

Termination Date _____

Reason for Termination of Authorization:

Termination of Therapy ☐ New Credit Card ☐ Other ☐

Explanation: _____