

Ellen V. Garbuny, LSW
340 N. Main Street
Suite 101
Butler, PA 16001
724-283-1593

Card Authorization

Please complete the following information. This form will be securely stored in the clinical files and may be updated upon request at any time.

I, _____, am authorizing the entity Ellen V. Garbuny, LSW to charge my credit card for all sessions and fees incurred by_____.

In the case of late cancellations and/or no-shows for scheduled sessions, I will be charged the full session fee as stated in the Office Policies. In addition, full session fees will be charged for late arrivals. All returned checks will be charged for the amount of the check plus \$25 for bank NSF fees.

I authorize Ellen V. Garbuny, LSW the use of my credit card in the event _____ does not notify Ms. Garbuny of his/her inability to attend a scheduled therapy appointment and/or does not cancel her appointment at least 24 hours in advance as agreed to in the Office Policies.

Furthermore, I also understand my card will be charged to settle any outstanding balances accrued by _____ with Ellen V. Garbuny, LSW

Card Type (circle one): Visa MasterCard Discover AmEx
Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3-digit code on back by signature line) _____

Billing Address: _____

(Street, City, State & Zip)

Signature: _____ Date: _____

Please include a copy of your current Driver's License for verification of your identity. Phone number: _____