



# Abundant Life Counseling St. Louis LLC

## Authorization for Credit Card Payments

I, \_\_\_\_\_ (client's name), **authorize Julie Williamson, LPC, NCC, RPT of Abundant Life Counseling St. Louis to:**

- Charge my credit card for balances on my account via Ivy Pay

*Any credit card payments will be processed using Ivy Pay, a card processing program specifically designed for therapists. The system provides added privacy protection, is HIPAA-compliant, and works with all credit cards, as well as debit, HAS, and FSA cards. After making my first payment, I understand that my card information will be securely stored in the Ivy Pay program. In the event of a late cancellation or missed appointment, my card will be charged in accordance with payment policies outlined in this document. I understand that late cancellation and missed appointment fees are not considered eligible HAS or FSA expenses.*

By signing this document, I understand the following terms apply to this agreement:

- By choosing to keep a credit card on file via the payment system Ivy Pay, payment will be made no later than 24 hours from the time that the service is rendered.
- I acknowledge and understand that Ivy Pay will hold and maintain my credit card information and although Julie Williamson, LPC, NCC, RPT has access to charge my card, she will not have direct access to the credit card information.
- I authorize and agree to allow Julie Williamson, LPC, NCC, RPT to charge the credit card I choose to keep on file via Ivy Pay as payment for services rendered. In the event that I do not cancel an appointment within 24 hours, I authorize that my credit card be charged a \$130 cancellation fee.
- The fee for psychotherapy, telehealth, letter or report writing, or other clinical services is \$130 per 50-minute session unless otherwise specified.
- Please inform Julie Williamson, LPC, NCC, RPT ahead of time or as soon as you know if there are changes in your ability or willingness to pay.
- Services will be terminated if timely payment is not made as agreed to by this consent.

*I authorize the above named business to charge the credit card indicated in this authorization form according to the terms mentioned above. This payment authorization is for the services described above, for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.*

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Signature of Client

Date