



ELECTRONIC PAYMENT AUTHORIZATION

Reasons to use Therapy Partner:

- ✓ Therapists can focus on their services rather than payment which can interfere with the therapeutic process
- ✓ Financial Information is stored securely via the Therapy Partner system rather than payment by check which can be lost or stolen
- ✓ Payments are electronically deducted from your debit or credit card so you never have to worry about making payments on time
- ✓ By signing up with Therapy Partner you will also receive an auto-generated monthly statement to the e-mail address provided

(One time consultations, lectures or psychological testing are excluded from using the Therapy Partner Authorization)

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: **Visa**, **MasterCard** and **Discover**. This information will be securely stored in your clinical file and may be updated upon request at any time by contacting our Billing Manager at 303.756.4924 Ext.2. Please be aware that transactions will appear as "Therapy Partner" on your bank or credit card statement.

Contact Information:

Client Name: _____ Date of Birth: _____
Address: _____ City _____ State: _____ Zip: _____
Home Number: _____ Mobile Number: _____
Email: _____

Credit/Debit Card Information:

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

Account Holder Information:

Please indicate the name and address associated with the credit card or bank account you wish to use.

Name: _____
Address: _____ City _____ State: _____ Zip: _____

Signature of Client or Legal Guardian

Date

Please return this form to your therapist