

Katherine H. Leddick, Ph.D., Licensed Psychologist

Debit/Credit Card Authorization Form And Cancellation Agreement

Please indicate how you would like to use your debit/credit card:

I would like to put my card on file to pay regularly (e.g. monthly) for sessions.

I am planning to pay by cash or check and am putting my card on file to be used only in the event that I delay payment by 10 or more days from the date of billing, or for use on an irregular basis with my expressed verbal consent.

Client Name: \_\_\_\_\_

Card Holder's Name (If different from above): \_\_\_\_\_

Billing

Address: \_\_\_\_\_

—

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Phone: (\_\_\_\_\_) \_\_\_\_\_

Debit/Credit Card Type (Please check one):

Discover  MasterCard  Visa  AmEx

Debit/Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_ (3 to 4 digit number on the card).

I authorize Katherine Leddick, Ph.D., to charge the debit or credit card above in accordance with the terms of this cancellation agreement. I understand that a full fee is charged for late cancellation for any reason, which includes, but is not exclusive to: illnesses, medical emergencies, child care conflicts, travel delays, and job demands. If I have to miss a session, I will notify Dr. Leddick at least 24 hours in advance via e-mail at [klednick@gmail.com](mailto:klednick@gmail.com) in order to avoid incurring the charge of the session fee. If I do not give 24 hours advanced notice, I understand that I will be charged for a full session.

Card Holder's Signature: \_\_\_\_\_

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