



*Attune Philadelphia
Therapy Group*

ATTUNE THERAPY GROUP, P.C.

Attune Therapy Group, P.C. (DBA Attune Philadelphia Therapy Group) requires that we keep your credit or debit card on file as a convenient method of payment for the services that we provide. We may also charge your credit card in the event that you cancel a scheduled appointment with less than 24 hours notice as stated in the Psychologist-Client Agreement.

Your credit card information is kept confidential and secure and will only be used as authorized by you.

I authorize Attune Philadelphia Therapy Group to charge my bill for your services to the following credit or debit card:

Amex Visa Mastercard Discover

Credit Card Number : _____

Expiration Date: ____ / ____ / ____ CVV: _____

Cardholder Name: _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, authorize and request Attune Philadelphia Therapy Group to charge my credit card, indicated above, for balances due for services rendered.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notice to Attune Philadelphia Therapy Group in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____

Date: _____