

**Audra York Therapy, LLC**  
**Audra York, LPC, MFT**

4325 Laurel Street #230A  
Anchorage, AK 99508

Phone: (907) 952-8532

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**Credit Card Preauthorization Form**

I/We authorize Audra York, LPC, MFT of Audra York Therapy, LLC to keep my signature on file and to charge fees, to my credit card account for services provided to:

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

For the balance of the charges not paid by either of the following: 1) insurance, 2) myself as a private pay client, or 3) missed or late canceled appointment, and not to exceed the amount of the full fee as detailed in the "Financial Agreement" section of this form for each appointment including any fees for missed appointments or cancelations without 24 hour notice unless previously arranged with Audra York, LPC.

I agree that:

- This authorization is valid until cancelled in writing.
- It is my responsibility to provide Mrs. York with any changes to my credit card information within the same said month changes have occurred.
- If I have any problems or questions regarding charges to my account I will contact Mrs. York. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Mrs. York.
- Unpaid balances to my account may be referred to a collection agency for payment purposes should my account be considered delinquent. Mrs. York agrees to provide a written stamen of accounts with unpaid balances 30, 60 and 90 days following the last date of service. Accounts with an unpaid balance still in effect after 90 days after the last service date will automatic be considered delinquent and my credit card will be charged. If the credit card is delinquent or expired, services will be referred to a collection agency for payment purposes.

Cardholder Name (please print): \_\_\_\_\_

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

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

Card Type (circle one): Visa          MasterCard          Other: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_