

*Cynthia L. Radnitz, Ph.D.*  
*NJ License #3565*  
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*Rochelle Park, NJ 07662*  
*(201) 692-2306*

### Credit Card Authorization Form

When you schedule an appointment, time is set aside for you. Please set multiple reminders to avoid forgetting a session. In the event that you cannot come for a scheduled session, kindly provide at least 24 hours' notice to avoid a late/no-show charge. No-showing for a session or cancelling with less than 24 hours notice will result in your credit card being automatically charged for the full session fee.

In the event that you accumulate a balance for services rendered, your card will be charged for the full amount owed.

#### Cardholder Information:

Name: \_\_\_\_\_  
Billing Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Direct Telephone: ( ) - \_\_\_\_\_

\_\_\_\_\_ **(Initials)** I authorize a late-cancellation charge, in the event that I cancel with less than 24 hours notice, against my credit card for the full cost of the session.

\_\_\_\_\_ **(Initials)** I authorize a no-show charge, in the event that I do not appear for my scheduled appointment, and I do not call or text to cancel against my credit card for the full fee of the session.

\_\_\_\_\_ **(Initials)** In the event that I accumulate a balance owed for services rendered, I authorize that my credit card be billed for the full amount.

If you need to cancel or reschedule an appointment, please call or text (201) 316-5404 or (201) 692-2306.

#### **CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  Discover Card

Number: \_\_\_\_\_

Expiration Month/Expiration Year: \_\_\_\_\_

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

CVV: \_\_\_\_\_