

Dr. Genie Burns, Psy.D
PATHS Psychological and Therapeutic and Healing Services, PLLC
Flagstaff, AZ

Pre-Authorization Charge Form-CONFIDENTIAL

I authorize PATHS Psychological and Therapeutic and Healing Services to keep my signature on file and to charge my credit card for missed or cancelled appointments without 24-hour notice.

I understand that this form is valid for one year unless I cancel the authorization through written notice to PATHS Psychological and Therapeutic and Healing Services.

Client name

Cardholder name

Credit card ___ Visa ___ MC ___ AMEX ___ Discover ___ other

_____ Credit card account number

_____ 3 or 4 digit code

_____ Cardholder signature

_____ Expiration date (mo/yr) _____ Zip Code

_____ Date _____ Email