

Credit Card Authorization

By your electronic signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as Uniquely You Behavioral Health. You have the right to request a paper copy of this document.

I authorize Uniquely You Behavioral Health to charge my credit card through Stripe. I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Uniquely You Behavioral Health in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.

Payment and Chargeback Responsibility:

Clients are responsible for any and all chargeback fees or costs associated with disputed credit card transactions. All fees must be paid in full prior to the commencement of any services. Failure to do so may result in the postponement or cancellation of the scheduled services. I acknowledge that credit card transactions could be linked to Protected Health Information.