

Credit Card Payment Consent Form



Client Name _____
Print First Middle Initial Last

Name on Card if different _____

I authorize K. Brynolf Lyon, PhD, LMHC, and ProfessionalCharges.com, to charge my credit/debit card for professional services as follows:

Initial
_____ This visit only, for the amount of \$ _____ .
_____ All visits in the next 12 months, beginning ____ / ____ / ____ ,
not to exceed \$ _____ total.
_____ Recurring charges, date(s) of service ____ / ____ / ____ to
____ / ____ / ____ , not to exceed \$ _____ ,
____ monthly, ____ semimonthly, ____ weekly, ____ per visit.

_____ **To charge my card for the balance of fees not paid by my insurance company within 90 days, as indicated above.**

Type of Card: Visa, MasterCard, Discover

Expiration Date _____

Credit Card Number _____ - _____ - _____ - _____ , DVV Security Number _____

Card Holder's Billing Address for Credit Card Statements

Street City State Zip

Card Holder Signature _____ , Date ____ / ____ / ____

*Charges will appear on your credit card statement as **ProfessionalCharges.com.***

ProfessionalCharges.com
3429 Ocean View Blvd., Ste. K
Glendale, CA 91208

Phone: (818) 240-8295
E-mail: admin@ProfessionalCharges.com

Please return this form to:

K. Brynolf Lyon, 921 E. 86th St., Suite 210, Indianapolis, IN 46240