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PERMISSION TO MAINTAIN
CREDIT CARD INFORMATION ON FILE

It is not our policy to routinely retain any financial information from payments made by debit or credit cards. However, clients have indicated a preference for an option of having their card information kept on file in our secure database. We will do so only with your explicit signed permission. All information will be deleted upon cessation / termination of services or if permission is rescinded in writing. Charges will be processed our next business day.

(ALL 8 sections MUST be completed)

1. CLIENT NAME:

2. Please enter <u>Cardholder's name exactly as it appears on the card</u>:								
First:	MI:						Last:	
3. Address, City and Zip Code card statement is mailed to:								
Address: _____								
City:				Zip:				
4. Card:	Visa	MC	AMEX	Discover	Type?:	Credit	Debit	
5. Card No.:	6. CCV (Security Code) *:							
7. Expiration Date:				8. Amount:				
Comments:								
(*AMEX - Front above card number. Visa, MC, Discover - back side, last 3 digits on signature panel)								

Your signature below indicates your permission to have the above debit/credit card information retained in your file to be processed for payment of co-pays/fees for each appointment, sessions canceled less than 24 hours out, insurance discrepancies or until permission is rescinded in writing or termination of services.

(Signature of Cardholder)

(Date signed)

Termination of Credit Card payment option:

I hereby rescind my permission to maintain on file and utilize my credit card information for payment of fees/co-pays.

(Signature of Cardholder)

(Date signed)