Authorization for Payment

I authorize Cognitive Therapy and Training Center, Inc., to charge my credit card for any unpaid fees including:

- Fees for services (therapy sessions)
- Missed appointments that are not canceled with at least 24 hours advanced notice

This authorization is ongoing and will be automatically revoked six months after the last date of service. Until that time, I authorize payments as described above to Cognitive Therapy and Training Center, Inc.

I understand that this six month time period may be required to determine final amounts due and settle my account; and that my credit card may be billed during this time. Expiration or cancellation of a credit card does not relieve me from any unpaid debt.

I also agree that I will be charged $5. for a telephone order.

Credit Card Number:_____

Expiration Date:_____

V- Code_____

Name on Card: _____

Billing Address:_____

Billing Zip Code_____

Signature: _____

Current Date:_____

VIS,/M/C,_____