

Institute for Couple and Family Enhancement
OUTSIDE PARTY PRE-AUTHORIZED BILLING AGREEMENT

I authorize ICFE to keep my credit card information and signature on file for payment for services and fees related to the client(s) and therapist named below. Charges will only be made to my card for the following reasons:

- Appointments attended- I authorize my card to be charged for each scheduled appointment, with the charge being based on the therapist's fees for the length of time of the session as detailed in the therapist's Consent Form signed by the clients. I may request a copy of this agreement from ICFE.
- Charges for missed appointments- I understand that the ICFE has a 24-hour cancellation policy, and my card will be billed for the full fee of any scheduled session the client does not attend in accordance with the therapist's Consent Form.

I understand that my credit card information will be destroyed 60 days after the last session attended, in compliance with Texas law. I may also revoke this agreement at any time by providing a request in writing. Revocation of this agreement does not affect charges accrued prior to the date the written revocation is received by ICFE.

ICFE Therapist _____	
Client Name _____	
Card holder's Name _____	
Card holder's Address _____	
City _____	State _____ Zip _____
<input type="checkbox"/> Visa	Security code (on back) _____
<input type="checkbox"/> Discover	Security code (on back) _____
<input type="checkbox"/> Mastercard	Security code (on back) _____
<input type="checkbox"/> American Express	Security code (on back) _____
Credit Card Number _____	
Expiration Date _____	
Signature below acknowledges client agreement with terms above, and agreement to pay total balance according to the card issuer agreement and the therapist's Consent to Treatment signed by the client above. My signature also serves to attest to the accuracy of the above billing information, including card holder identity.	
Signature _____	