



TRACY SAFF DOW Psy.D.
Doctor of Clinical Psychology

Standing Payment Authorization Agreement

Patient _____

Guarantor _____

Effective Date of this Agreement _____

I, _____, authorize Tracy S. Dow, Psy.D. to charge the following [] Credit card or [] Zelle or [] Venmo for:

- [] Group Treatment
[] Individual Treatment
[] Consultations
[] Testing
[] Other _____

This authorization extends to multiple visits/sessions on or after the Effective Date and will remain in effect unless and until revoked. Individual charges will typically be at or above \$195 per 45-minute session (for individual treatment), and will, in any event, be at or below the therapist's prevailing rate for the service(s) provided. Should charges submitted be declined by the credit card or third-party payment app company for any reason, I agree to promptly pay such charges in cash upon notice by payee.

Credit Card Info: Type of Credit Card- [] MasterCard [] Visa [] American Express

Name (as appears on card) _____

Card Number _____ Exp Date (mo/yr) _____ CVV _____

Mailing Address (where credit card statement is sent for company verification):

Other Payment Apps: (if you would like to use Zelle or Venmo, please provide your identifying information)

Zelle (email address or mobile phone): _____ Venmo (user ID): _____

Guarantor's Signature _____ Date _____

Tracy S. Dow, Psy.D. _____ Date _____

For payee