NeuroPsychological Institute, P.A.
Shawna Freshwater, Ph.D.
SpaciousTherapy.com
Electronic Payment Authorization Form

IVY Pay

encrypted credit card processing

I,_____("Cardholder") agree to pay Dr. Shawna Freshwater/ Neuropsychological Institute, P.A / Spacious Therapy for professional time reserved and professional services rendered. Cardholder has previously made at least one payment through IVY PAY reader and selected the option to store credit card number in encrypted IVY PAY (referenced below) to be used for future payments. Cardholder authorizes Dr. Shawna Freshwater to charge this credit card automatically for all payments due for scheduled appointments with patient and for any unpaid professional services and invoices with patient. This authorization does not release or modify patient's obligation to pay all outstanding amounts $ due, or prevent from accepting or requiring other forms of payment. This authorization shall remain in force until withdrawn in writing by cardholder. Cardholder agrees to notify Dr. Freshwater of update credit card information upon request if credit card expires or is invalid. Cardholder has read, understands, and agrees to be bound by all of the terms of Agreement for Professional Services, Coaching, or Psychological Services between Dr. Shawna Freshwater and Client or Patient, including the provisions regarding billing and payments, appointment cancellation and no show fees, and dispute resolution. Cardholder has also read and understands Dr. Shawna Freshwater's Notice of Privacy Practices.

Client / Patient Name:_____
Client / Patient signature_____
Credit/Debit Card Information to be stored in IVY Pay :
LAST FOUR DIGITS OF CREDIT CARD Number:_____ CVC: __ __ __ __
Expiration Date:____/_____

Card Holder Information:
Please indicate the name and complete address associated with this debit or credit card you wish to use for payment via IVY Pay credit card processing encrypted services.
Name:_____
Address:_____
City:_____State_____
Country_____ZipCode_____
Signature of Authorized card holder:
_____
Date:_____