

CONNECT PSYCHOLOGICAL SERVICES, LLC

1580 South Milwaukee, Ave. Suite 407 Libertyville, IL 60048

847) 502-5218

Credit Card on File Policy

A credit or debit card is required to be kept on file as a convenient method of payment for session fees or no-show/late cancel fees that you are liable for. Typically, billing is done over the weekend. Your card will be processed after your session or no-show.

I authorize Karen O’Keeffe, Psy.D./Connect Psychological Services to charge fees that I am financially responsible for to the following credit or debit card.

Amex Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ CVV _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

I (we), the undersigned, authorize and request Dr. Karen O’Keeffe/Connect Psychological Services to charge my credit or debit card, indicated above for balances due for services rendered that are my financial responsibility or no-show/late cancel fees.

This authorization will remain in effect until I (we) cancel authorization. This card will be taken off file after 90 days of last session due to a break in services or at termination of therapeutic relationship.

Client Name (Print) _____

Client Signature _____ Date _____