

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):	
Card Number:	CVV Security Code:
Expiration Date (mm/yy):	
Cardholder ZIP Code (from credit card billing address):	

### **COURT-INVOLVED THERAPY**

Hourly rate for court-involved therapy is billed at \$165.00 per hour. Each parent will provide an initial retainer of \$350 or will provide authorization to keep a credit card on file to be charged no later than during their first meeting with Jennifer Ritter. At all times, each parent shall maintain a retainer of at least \$165 in the account if a credit card authorization is not kept on file for processing payment. Jennifer Ritter shall advise in advance if/when a further retainer is required.

### **SCHEDULED APPEARANCES BY SUBPOENA**

Fees related to preparation for or attendance at court (e.g., trial, settlement conference, discoveries, depositions) are billed at \$275.00 per hour. Fees for attendance at court and/or testifying in court are billed by a minimum half-day rate of \$500.00. Any court-related fees (i.e., preparation time, attendance, and travel) shall be secured in advance by the submission of this Credit Card Authorization Form by the parent requesting Jennifer Ritter's attendance and/or participation as described. Cancellation of services must be done three (3) business days in advance of scheduled appearance.

I, \_\_\_\_\_, authorize Jennifer M. Ritter, LLC to charge my credit card above for agreed upon therapeutic services. I understand that my information will be saved to file for future transactions on my account.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_