



James M. Blue, Ph.D., Licensed Psychologist  
Phone: 817-500-4188 FAX: 1-888-325-6114

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### **Credit Card Processing Agreement**

I, \_\_\_\_\_ hereby authorize James M. Blue, Ph.D. to keep my signature on file and charge my credit card for therapy or assessment services. The charge will appear as Dr. James Blue.

I understand that I will typically be billed the business day upon which my session occurs.

I authorize James M. Blue, Ph.D. to bill my credit card for additional therapy or assessment services as specifically agreed upon in advance by both parties.

I understand that I am responsible for fees incurred in the unlikely event of declined credit card charges.

This agreement will be in effect until services have been completed or until Dr. Blue has received written notice of termination in writing. I can change this agreement by notifying James M. Blue, Ph.D. by:

Fax at 888-325-6114 Email at [Jim.Blue@charter.net](mailto:Jim.Blue@charter.net)

#### **My credit card information:**

Visa: \_\_\_\_\_ Mastercard: \_\_\_\_\_ AmEx: \_\_\_\_\_ HSA: \_\_\_\_\_

Name, as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_