

Jini F. P. Tyler, LCSW, LLC

997 Commerce Drive Suite 3F
Conyers, GA 30094
Phone: 770.361.8822
Fax: 770.679.5748
www.jinityler.com

Financial Authorization Form

Payment is expected at the time services are rendered. Please indicate how you would like to pay for services today and in the future. Receipts are available upon request to obtain reimbursement from your insurance company and/or for tax deduction purposes.

_____ Cash
_____ Check (Please make your check out to Jini Tyler prior to your session)
_____ Credit/Debit Card

Payee Name _____
Print Last First Middle Initial

I authorize _____ to charge my card for professional services as follows: *Provider Name*

(Payee Initials)

_____ This visit only, for the amount of \$ _____

_____ All visits over the next _____ months, beginning ____/____/____, not to exceed \$ _____ in total.

_____ Recurring charges, date(s) of service from ____/____/____ to ____/____/____, not to exceed \$ _____ monthly, ____ semi-monthly, ____ weekly, ____ per visit.

_____ Other: _____

Type of card: VISA __ MASTERCARD __ DISCOVER __

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Security Number (on back of card): _____

Name on card _____

Card holder's billing address:

Street/apt/floor City State Zip Code

Email address _____

Card holder's signature: _____ Date: ____ / ____