Sweeney Dawley Recovery Center, LLC
Ethel Marie Dawley
409 Pond Street, Suite 9
Braintree, MA 02184
Phone 781-268-2638
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Credit Card Authorization Agreement

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time. In the case that you have a missed or failed to cancel an appointment within 24 hours of the scheduled time, or if a check is returned unpaid, you will be charged the full session fee.

I,_____, authorize Sweeney Dawley Recovery Center, LLC to use my credit card information to charge my credit card via Square or Stipe. In the event that I do not cancel my appointment 24 hours in advance or if a check is returned for any reason, I will not dispute the charge ("charge back") for the sessions I have received or appointments I missed according to the policy. If I fail to provide payments for appointments within 30 days of the billing date, I authorize the Sweeney Dawley Recovery Center, LLC can use my credit card information to my credit card via Square or Stripe to pay off my account balance.

CARD TYPE (circle one) Visa Mastercard Discover American Express Card

Card#_____

Expiration Date:_____

Name as printed on card: _____

Verification / Security Code (3-digit code on the back of the card by signature line) _____

Billing Address: _____

City : _____ State : _____ Zip Code _____

Phone # _____

Email: _____

By signing below, I am authorizing Sweeney Dawley Recovery Center to charge for missed scheduled appointments or to settle balances that are overdue.

Signature _____ Date _____