
THOMAS A. GRUGLE, M.D.

Psychiatry
275 W. Campbell Road
Suite 121
Richardson, TX 75080
(972) 671-3100

tgrugle@mac.com
<http://www.cybercouch.com>

*Diplomate, American Board of Psychiatry and Neurology
Clinical Associate Professor of Psychiatry
Southwestern Medical School*

Recurring Debit Authorization

I hereby authorize Thomas A. Grugle, MD, PA to automatically debit my credit or checking account below for all session fees, copayments, cancellation fees, or other miscellaneous fees incurred by or on behalf of the patient listed below. I understand and authorize that said debits will continue until I submit a written request that they be stopped.

I certify that I am the legal holder of the account listed below and that I have full rights and privileges to use the account.

This authorization does not affect any rights I may have under consumer credit laws or the laws of the state of Texas concerning credit card transactions. This authorization does not relieve me of the obligation to pay to Thomas A. Grugle, MD, PA all monies owed for services rendered but not debited from my credit or checking account.

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