

Credit Card Authorization Form

Name: _____

Billing Street Address: _____

Apt, Suite, Unit Number: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Address: _____

Phone Number: (____) ____ - _____

Payment Information

I Authorize a one-time Evaluation charge against my credit card for the following amount \$150.00.

I Authorize a charge against my credit card for therapy sessions received every week.

I Authorize a \$50.00 charge against my credit card if a “no-show” should happen.

Credit Card Information

Credit Card: MasterCard Visa

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____ Date: _____

Security Code (CVV): _____

By signing this form, I agree to the terms listed in the Payment information. I acknowledge that by leaving this card on file I will receive a 25% discount.

Signature: _____

Date: _____