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CREDIT CARD AUTHORIZATION

Please complete this form if you wish to pay using credit card. Rather than complete a new form after each session, by completing these details you agree that the card will be used for payment the day of each session unless other arrangements are made.

From today's date: _____

**I authorize the use of my credit card to the amount of \$ 160 for the assessment
and \$ 140 after each session with Dr. Sarah Allen**

Card #: _____

CVV2: _____

Expiration Date: _____

Circle: **Visa** **Mastercard** **Discover** **Other** _____

CARDHOLDER *Complete all fields below:*

Full Name (as it appears on card): _____

Billing Address (address where statement is mailed): _____

City: _____ **State:** _____ **Zip:** _____

Area Code/Phone: (_____ **)** _____

I _____ **(printed cardholder name)**
hereby confirm the above transaction is authorized.

I have received the goods or services.

I am satisfied with the goods or services received.

**I understand that this transaction is non-refundable & will not be disputed by
the card issuing bank.**

Cardholder Signature: _____
Above must be signed by cardholder (authorized user).