Sarah F. C. Allen, Psy.D., L.C.P.C.

3400 Dundee Rd., Suite 245,
Northbrook, IL 60062
www.drsarahallen.com

Telephone: (847) 791-7722
Fax: (847) 562-9352
sarahfcallen@comcast.net

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 $_170_____ for the assessment and $_145_____ 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).

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