

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 _____ (print cardholder name) hereby confirm the above mentioned transaction/s is authorized.

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).