

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 \$ 180 for the assessment and either \$150 after each 45 minute session or \$180 after each 55 minute 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).