

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 \$ 200 for the assessment and \$ 165 after each 45 minute appointment or \$200 for each 55 minute appointment with Dr. Sarah Allen

Card #: _____ **CVV2:** _____

Expiration Date: _____ **Circle: Visa Mastercard**

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).