

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time services are rendered.

Client Information (if different from name on the card):

Client Name: _____ Date of Birth: _____

Billing Information:

Please indicate the information associated with the card you wish to use.

Name on card: _____ Zip: _____

I authorize all service fees to be deducted from the card ending in _____ (last four digits of the card)

Please enter the CVV code _____ (last three digits on back of card)

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

Full Name(s) _____

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service, including any late cancel fees that may be incurred. By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

Cardholder Signature

Date

Please provide your payment information below. This information will be destroyed once the payment information is securely stored online through Transaction Express.

Card (circle one): Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____