

ELECTRONIC PAYMENT AUTHORIZATION

Please list 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. We accept: Visa, MasterCard, and Discover.

Client Information:

Client Name: _____ Date of Birth: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

Mobile Number: _____

Email: _____

I authorize all service fees to be deducted from the card listed below on this form.

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service.

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

Last 4 of CC _____ CVV _____

Debit/Credit Card Information:

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one): **Visa** **MasterCard** **Discover**

Card Number: _____

Expiration Date: _____

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