

CREDIT CARD INFORMATION & PAYMENT AUTHORIZATION

Name of Client: _____

Client's Date of Birth: _____

Name on Card: _____

Credit Card Number*: _____

Expiration Date: _____ **CVV (Security Code on Back):** _____

Billing Address and Zip Code: _____

***Please note that HSA or benefit cards cannot be used to cover missed sessions**

I authorize Leslie Hannon, Psy.D. to charge the above card for various session fees, across multiple dates of service. By authorizing the use of this card and signing this 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