

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ hereby authorize Stacy Perkins, LCPC, to charge my credit card for services rendered. I understand that all services are final, and that I am solely responsible for charges incurred. The descriptions of charges will read "professional services" on my credit card statement summary.

Please initial all that apply:

\_\_\_\_\_ Please charge my credit card on a **one-time** basis for psychotherapy or consultation in the amount of \_\_\_\_\_, which represents my fee.

\_\_\_\_\_ Please charge my credit card in the amount of \_\_\_\_\_ for previous balance owed.

\_\_\_\_\_ Please charge my credit card in the amount of \_\_\_\_\_ per session on an **ongoing basis** at the time of each session. A receipt will be emailed/mailed to me.

Type of Credit Card: (Circle one:)    Visa    MasterCard    American Express  
Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4-digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_