

AUTOMATED CREDIT CARD PERMISSION FORM



Dr. Susan J. Mendelsohn
Clinical Psychologist

Name of client: _____ Date: _____

Name of person on the credit card: _____

Type of card you would like to use:

American Express: _____ Discover: _____ MasterCard: _____ Visa: _____

Account #: _____

Expiration date on card _____ CCV Code _____

Credit Card Holder's Phone Number: _____

Credit Card Holder's Email: _____

Billing address on credit card: _____
(Street address)

(City)

(State)

(Zip code)

FOR ONE TIME CHARGE: I give Dr. Susie's office permission to charge
\$ _____ on the above credit card.

Signature of cardholder.

FOR REPEATED CHARGES: I give Dr. Susie's office permission to charge
\$ _____ on the above credit card after each date of service is rendered.

Signature of cardholder.

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

PLEASE BRING THIS FORM with you to your first consultation