

# Credit Card Billing Form

Please use this form for authorization of client credit card payments.

I would like to make a payment on my account with the following credit card:  
(Please fill-out the entire form & include your signature.)

Visa	Master Card	American Express
Credit Card Number: _____ - _____ - _____ - _____		
Expiration Date: _____ / _____ month year		Security Code: _____
Signature: _____		
Date this form was signed: _____		
Please print your name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____

Please check one option below:

Charge my credit card automatically for all sessions.

Charge a one-time payment of \$ \_\_\_\_\_ (amount)

For my session on: \_\_\_\_\_ (date)

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*For PC&CC Use:*

Name of Therapist: \_\_\_\_\_

Date(s) of sessions to be charged: \_\_\_\_\_