

# Dr. Weissman Psychology

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## Credit Card Authorization

I, \_\_\_\_\_, hereby authorize Dr. Weissman Psychology to use the following credit/debit card to pay for any service or charge incurred. If there is an outstanding balance with the practice, I give permission to use the card to pay the balance in full. This authorization is good until the balance is paid in full, the cardholder has rescinded the authorization or services are terminated with the practitioner.

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

Expiration: \_\_\_\_\_

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

Address associated with card (including zip code):

\_\_\_\_\_

CVC: \_\_\_\_\_

Printed Name on card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

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