

CREDIT CARD AUTHORIZATION

NAME OF CLIENT: _____

NAME OF CARDHOLDER: _____

ACCOUNT NUMBER: _____

EXPIRATION

DATE: _____ **CVV** _____

CREDIT CARD TYPE (Circle one)

VISA

MASTERCARD

AMERICAN EXPRESS

I hereby authorize Greater Things, PLLC to charge the above referenced credit card account automatically for each therapy session for the above named client and to apply said charge towards payment of the charges incurred for that therapy session or other professional services rendered. I acknowledge receipt of Greater Things, PLLC standard schedule and agree to payment of the charges in accordance with that fee schedule.

DATE: _____

NAME: _____

SIGNATURE: _____