

Rachel Krasner, LMSW
171 Village Parkway NE, Building 8A
Marietta, GA 30067
404-520-1762

Credit Card Authorization Form

Admission into therapy with Rachel Krasner, LMSW requires that a credit card in good standing be left on file for automatic payment. For your protection this information will not be shared with anyone.

By signing this form, I authorize Rachel Krasner, LMSW to charge the credit card listed below for payment of therapy fees. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid until all fees are collected. I certify that I am authorized to use this credit card.

Rachel Krasner, LMSW will provide a receipt of transaction upon request. Fees will be submitted to Credit Card Company following each session.

Cardholder Information & Billing Address

Cardholder name		Telephone
Address		
City	State	Zip
Email		

Card Information

MasterCard Visa American Express

- - -

Credit Card Number

/

Expiration date

Card Security Code*

*This three digit security code can be found in the signature box on the back of your card; for American Express it is the four digit code on the front of the card

Cardholder signature _____ Date _____