

Psychiatric Remedy PLLC 20280 N. 59th Ave, Suite 115-643 Glendale, Arizona, US - 85308-6374

## **Credit Card Authorization Form**

CREDIT CARD AUTHORIZATION FORM	
CREDIT CARD NAME: *	
NAME ON CREDIT CARD: *	
CREDIT CARD NUMBER: *	
EXPIRATION DATE: *	
CVC: *	
BILLING ADDRESS ZIP CODE: *	
PATIENT SIGNATURE *	