Debit/Credit Card Authorization

Complete if you wish to use your debit or credit card to pay for services

Client Name _____ Date _____

Debit/Credit Card Information

Note: Only debit cards carrying the symbol of any of the below can be processed.

Type (Circle One)    

Card Number _____ Exp. Date _____

Card Verification Value (CVV) _____

Discover, MasterCard or Visa: Three-digit number on the back of the card.
American Express: Four-digit number on the front of the card.

Name on Card _____

Billing Address _____

Please provide address EXACTLY as it appears on your debit/credit card statement.

I hereby authorize Sarah McClaran, Licensed Marriage and Family Therapist, Inc. to process the above information for payment of services rendered according to the "Informed Consent for Psychotherapy," including therapy sessions, telephone contact, document preparation, late-cancellations, no-shows and any outstanding account balance.

I understand that my card will be charged on a regular basis, on or about the day services are provided, unless other arrangments are made.

Signature _____ Date _____

Cardholder