CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize Jay H. Berk, Ph.D. & Associates to charge by credit card the amount listed below. I understand the merchant name that will be listed for this charge will be Jay H. Berk, PhD. & Associates.

TYPE OF CARE:  Discover  Mastercard  Visa

DATE: Click or tap to enter a date.

CLIENT NAME: Click or tap here to enter text.

CARDHOLDER NAME: Click or tap here to enter text.

EMAIL ADDRESS PLEASE PRINT: Click or tap here to enter text.

CARD NUMBER: Click or tap here to enter text.

EXPIRATION DATE: Click or tap here to enter text.

3 DIGIT CODE ON BACK: Click or tap here to enter text.

ADDRESS OF CARD HOLDER: Click or tap here to enter text.

AUTHORIZED SIGNATUREClick or tap here to enter text.

I herby authorize Jay H. Berk, Ph.D. & Associates to keep my signature on file and to charge by monthly balance to credit card.