

Child & Adolescent Psych Solutions, LLC
5454 Lena Road, Suite 106
Bradenton, FL 34211
(941) 500-9055
Childpsychsolutions.com

CREDIT CARD AUTHORIZATION FORM

Please Note:

The information provided herein will be used ONLY after each session and/or service as well as in **the event of a cancellation without a 24 - hour notice.**

This information is kept STRICTLY CONFIDENTIAL in Child & Adolescent Psych Solutions, LLC file and is only accessible by authorized staff. In the event that you are no longer with Child & Adolescent Psych Solutions, LLC, this information will not be kept and be properly destroyed.

I, _____ hereby acknowledge and authorize the use of this Credit Card information provided below to be used for payment of any services or products provided by Child & Adolescent Psych Solutions, LLC.

On this date ___/___/____, I authorize the approval for the following Credit Card for the above noted transactions. This authorization will remain in effect until canceled in writing.

Name on card: _____

Credit card number: _____

Expiration Date: _____

CVV: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Signature of Cardholder: _____

Date: _____