

Debit/Credit Card Authorization

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

Date: _____

Client's Name: _____

Debit/Credit Card Information

Type (circle one): **Discover** **MasterCard** **Visa** **American Express**

(NOTE: Only debit cards carrying the symbol of any of the above can be processed.)

Card Number: _____

Expiration 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: _____

Street Address: _____

Zip Code: _____

(NOTE: Please provide address EXACTLY as it appears on your debit/credit card statement.)

- ***I hereby authorize Emily R. Gombos, M.A., LMFT to process the above information for payment of services rendered according to the "Disclosure Statement & Agreement for Psychotherapy Services," 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 arrangements are made.***

Signature: _____ Date: _____

(Cardholder)