



Credit Card Authorization Form

Name on Card: _____

Card Number: _____

Card Expiration: _____

Security Code: _____

Billing Address Line 1: _____

Billing Address Line 2: _____

Billing Zipcode: _____

Billing City/State: _____

Acknowledgement: This practice may utilize my credit card on file as payment for each session, without additional authorization.

Print Name _____

Signature _____ Date _____