



Credit Card Authorization

Date: _____

Name on Card: _____

Please check: Visa: _____ MasterCard: _____ Discover: _____ American Express: _____

Credit Card #: _____

CVV on back of card: _____

Expiration date: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

I authorize Executive Psychological Resources to charge my card \$150 following therapeutic appointments. Sessions that are canceled with less than 24 hours notification will also be charged.

Cardholder Signature: _____