

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: Visa, MasterCard and Discover. Service fees will be deducted from the designated account at the time services are rendered.

Client Information:

Client Name:	Date of Birth:			
Address:	City	State:	Zip:	
Home Number:	Mobile	Number:		

Cardholder Information:

Name:

Please indicate the name and address associated with the credit or debit card you wish to use.

Address:	City	State:	Zip:
Email:			
I authorize any service for (provide the last four dig	ees to be deducted from the cre jits of the card).	dit or debit card ending	in
Cardholder Signature		Date	

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your first payment has been made.

Card Type (circle one): Visa MasterCard Discover

Card Number: ______

Expiration Date: _____