

Jessica D. Getson, LPC, DBTC
Positive Therapy for Personal Healing

CREDIT CARD AUTHORIZATION FORM

Name (Please Print): _____

Name as it appears on the Credit Card (Please Print): _____

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Security Code (BACK SIDE of Visa or Master Card) (3 digits) _____

Security Code (FRONT SIDE of American Express) (4 digits) _____

Credit Card Billing Address:

Street _____

City _____ State _____ Zip Code _____

Email to sent receipt of payment: _____

Check only one below

- As the Individual cardholder, I hereby authorize this card to be used for future payments.
- As the client and authorized credit card user, I hereby authorize this card to be used for future payments.

Cardholder or Authorized User's Signature: _____

Date: _____