

*Jessica D. Getson, LPC, DBTC*

*Positive Therapy for Personal Healing*

**CREDIT CARD AUTHORIZATION FORM**

**Client Name (Please Type or Print):** \_\_\_\_\_

**Name as it appears on the Credit Card (Please Type or Print):** \_\_\_\_\_

**Type of Card:**    VISA            MASTERCARD            DISCOVER            AMERICAN EXPRESS

This credit card must NOT be associated with any flexible spending account, health spending account or similar employment or insurance spending account. My credit card reader does not accept them.

Please initial here to verify that this card is not associated with this type of spending account. \_\_\_\_\_

**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 send receipt of payment: \_\_\_\_\_

**Check ONLY ONE below**

As the client and 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:** \_\_\_\_\_  
(type name if submitting electronically):

**Date:** \_\_\_\_\_