

Jessica D. Getson, LPC, C-DBT

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

- 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.

Client or Responsible Party Signature (type name if submitting electronically)

Date