



## 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:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize any service fees to be deducted from the credit or debit card ending in \_\_\_\_\_ (provide the last four digits of the card).

\_\_\_\_\_  
**Cardholder Signature**

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

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### 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: \_\_\_\_\_