

**Smith Psychotherapy Associates, S.C.**  
**Credit Card Authorization Form**

I, (name as it appears on the credit card) \_\_\_\_\_  
hereby authorize Smith Psychotherapy Associates, S.C. to charge my credit card as payment  
for the following transaction(s):

Services: Psychotherapy: **Indicate:** Date(s)      OR      ONGOING

\_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

CARD TYPE:      VISA,      MASTERCARD,      DISCOVER,      AMEX      (Circle One)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

I certify that I am responsible for the payment of the above charges in my credit card in  
compliance with agreement between myself and the credit card company.

Signature of Card Holder: \_\_\_\_\_

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

**\*There will be a 25 Cent charge to bill with credit card.**