

Dr. Melissa Hofstetter, Clinical Psychologist
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting me. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address):

I, _____, authorize my therapist to charge my credit card above for all agreed upon purchases, including for all broken appointments (cancellations without agreed upon notice). I understand that my information will be saved to file for future transactions on my account.

_____ Signature _____ Date