

CREDIT CARD AUTHORIZATION FORM

I _____ authorize Jennifer Theriault, LCSW to maintain my credit card number on file for billing purposes. Credit card numbers are stored electronically by a payment gateway and never maintained on my computer. I understand that I may change payment methods at any time.

Please circle: MasterCard Visa AMEX

Name on Credit Card: _____

Credit Card Number: _____

Exp. Date: _____

CVV # (3 or 4 digit code): _____

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Billing Address: _____

By signing below, I agree to have my credit card charged for services rendered.

Signature: _____

