

## Credit Card Authorization Form

Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Payment Information

Card Type  Visa  MasterCard  American Express  Discover  JBC

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

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

Credit Card Identification Number \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

I authorize *Gotham Psychotherapy LCSW, PLLC* to charge my credit card.

Cardholder's Signature \_\_\_\_\_