**AUTHORIZATION TO SECURE PAYMENT**

For your convenience and to guarantee payment for clinical services provided, documentation of a major credit card is required. The information contained below will be kept secure and will only be used to charge your credit card account for payments not made at the time of service as well as for any current outstanding balances following insurance determination. To validate the credit card information provided below, a $1.00 refundable charge will be made to your card.

I authorized Dennis R. Verville, Psy.D to keep my signature on file and to charge my credit card account listed below for psychological services rendered. I understand that if my card is declined, he may put my credit card payment through on another day when funds become available. I further understand that this authorization ends when all services are paid for in full, unless I cancel the authorization through written notice to him.

I have read and understand this form. I attest that the information below is true and accurate.

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

Card Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Member Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Card Member Email Address (For Email Receipt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Member Phone Number (For Text Receipt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Information:

Master Card \_\_\_\_\_\_\_ Visa \_\_\_\_\_\_\_ American Express \_\_\_\_\_\_\_ Discover \_\_\_\_\_\_\_

Account Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

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

Mo. Yr. (On Back of Card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Member Signature Date

Revised: 7/20