



Credit Card Authorization Form

Name on the Card:

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other _____

Account number _____

Expiration Date _____

Security Code _____

Billing

Address _____

City, State, Zip _____

Phone Number _____

By signing this form, you authorize Katie Plumb, MA, LCSW to retain your card on file and charge your card for the agreed amount of \$___/session.

Signed: _____ Date: _____