



PSYCHOLOGY SUPPORT CENTER
Support & Empower for Success

Credit Card Authorization Form

Name of Customer: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Card Type: _____

Credit Card Number: _____

Exp Date: _____

CVV (number on the back): _____

Name as appears on card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

By signing this form, I hereby authorize Psychology Support Center to charge my card for services rendered. I agree for Psychology Support Center to charge my card for a \$75 charge for no show or cancellations within 24 hours of scheduled appointments.

Signature: _____

Date: _____