



## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Credit Card Type:     Visa     MasterCard     American Express

Name on Card: \_\_\_\_\_

Credit Card Billing Address, include Zip Code:  
\_\_\_\_\_

Email address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Credit Card ID Number/Security Code\*: \_\_\_\_\_

\* The Credit Card ID Number can be found on the back of VISA and MasterCard, or on the front of American Express cards as shown in the image below.



By signing this document, you are authorizing Hartstein Psychological to charge on your behalf for services rendered.

I, \_\_\_\_\_ authorize Hartstein Psychological to bill this credit card (or any other credit card submitted to Hartstein Psychological in the future) for services rendered.

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