Sarah Perl, LCSW PLLC – Resilient Self Therapy
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CREDIT CARD AUTHORIZATION FORM

Sarah Perl, LCSW PLLC accepts credit card payments. While we generally swipe your card in person at each session, we also keep credit card information on file. Please complete this form to authorize Sarah Perl, LCSW PLLC to charge you for any balance due. In accordance with our office policy, sessions that are cancelled or rescheduled with less than 24 hours notice are billable and may automatically be charged. A receipt will be provided along with a monthly invoice when requested.

Patient's Name:
_____
Please check one:
____ VISA
____ MASTERCARD
____ AMERICAN EXPRESS
____ DISCOVER

I, _____, authorize Sarah Perl, LCSW PLLC to charge my credit card number _____

Name as it appears on card _____
Expiration date _____
Security code _____
Complete Billing Address _____
_____
_____

_____ _____
Print Name Signature

_____
Date