



## Credit Card Authorization Form

Client Name:

\_\_\_\_\_

First Last M.I.

Name on card if different:

\_\_\_\_\_

Type of Card:  Visa  MasterCard  Discover

Expiration Date: \_\_\_\_ / \_\_\_\_

Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CVV Number: \_\_\_\_\_  
(3 digit security code)

Card Holder's Billing Address:

\_\_\_\_\_

Street City State Zip

Email Address for Receipts: \_\_\_\_\_

By signing below, I authorize Nicholas & Noble Psychological Associates to charge my card for professional services including:

The balance of fees not paid by my insurance company (copay, co-insurance, deductible)

No-show/missed session fees (session not cancelled within 24hrs)

Fees for clients not using insurance benefits, including out-of-network and self-pay clients

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_