

CREDIT CARD AUTHORIZATION

**Ruth Weinberg, MS LPC**

1731 East 16<sup>th</sup> Ave, Denver, Colorado 80218

ruth@ruthweinberg.com

(720) 432-1163

Please complete this form even if you will not be charging your sessions on a regular basis.  
Missed appointments and returned checks will automatically be charged to this credit account.

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

Name as it appears on Credit Card: \_\_\_\_\_

Your Billing Address: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type:

Visa

Master Card

Discover

Credit Card Number: \_\_\_\_\_

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

CID (3-4 digit code on back): \_\_\_\_\_

Please Check One of the Two Options:

\_\_\_\_\_ I authorize Ruth Weinberg, MS, LPC to process my credit card for payment of services on a recurring basis for all scheduled appointments including missed appointments, late cancellations, and returned checks.

\_\_\_\_\_ I authorize Ruth Weinberg, MS, LPC to process my credit card for payment of returned checks, missed appointments, late cancellations and visits for which I do not pay by cash or check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date