

CREDIT CARD AUTHORIZATION

Ruth Weinberg LPC
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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

American Express

Credit Card Number: _____

Expiration Date: _____

CID (3-4 digit code on back): _____

Please Check One of the Two Options:

_____ I authorize Ruth Weinberg, 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 for which I do not pay by cash or check.

Signature

Date