

Sarah Perl, LCSW-R - Psychotherapist - NYS License # 078739
291 Broadway Suite 1401 New York, NY 10007 - 26 Court Street Suite 504 Brooklyn, NY 11242
291 Wall Street Suite 3R Kingston, NY 12401
P: 518.894.8512 - F: 212.253.2607 - E: sarahperlcsw@gmail.com
www.sarahperlpsychotherapy.com

CREDIT CARD AUTHORIZATION FORM

Sarah Perl, LCSW-R accepts credit card payments. Please complete this form to authorize her office to charge you for any balance due. In accordance with office policy, sessions that are cancelled with less than 24 hours notice are billable and may automatically be charged. A receipt will be provided along with a monthly invoice.

Patient's Name:

Please check one:

- VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER

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

Expiration date _____

Security code _____

Billing Address _____

Print Name

Signature

Date