

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

Sarah Perl, LCSW PLLC DBA Resilient Self Therapy 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