

Evan Mehlman Psy.D. and Associates
Child, Adolescent, Adult Psychotherapy and Evaluation

Credit Card Authorization Form

I, _____, hereby authorize Evan Mehlman, Psy.D. and Associates, to charge my credit card for services rendered.

\$ _____

Visa Mastercard American Express Discover

Credit Card Number: _____

Expiration Date _____ Security Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Phone: () _____

As the credit card holder, I authorize Evan Mehlman, Psy.D. and Associates to charge my credit card for services I approve.

Cardholder's Signature

Date

Authorization Valid Until: _____