

Credit Card Authorization Release Form

Credit Card Information (choose One) **VISA** **Mastercard**

Credit Card Account #: _____ Exp Date: _____

CCV#: _____

Billing Information

Name _____

Cardholders Billing Address: _____

(no PO Boxes Accepted)

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I _____ (name of card owner) authorize John Migueis, LCSW, to charge the above credit card for:

1. Deductibles
2. Co-pays
3. Remainder of session fee 37 calendar days after the session date

and, I guarantee payment for any purchases made with the credit card account number identified above, including renewed cards.

Signature of cardholder

Date