



## CREDIT CARD AUTHORIZATION FORM

This information is confidential and will only be kept on file by McClintock Therapies.

Name as appears on Credit Card: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

Card Type (choose one):    VISA        Mastercard        American Express        Discover

Number: \_\_\_\_\_

Expiration Date: (month /year) \_\_\_\_\_

CCV / CID Code: \_\_\_\_\_

I authorize this credit card to be used as payment for recurring charges billed for individual therapy sessions.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date