



CREDIT CARD AUTHORIZATION FORM

Today's date: _____/_____/_____

Client's / Patient's Name: _____

I: _____

hereby authorize this card to be used by York Region Psychological Services for the psychotherapy sessions.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

Credit Card Billing Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

E-Mail: _____

Cardholder Signature: _____

Date: ____/____/____

Witness: _____

Date: ____/____/____