

Susan Berlin & Associates

Credit Card Authorization Form

Please provide all the information requested below as a form of payment for Psychotherapy, Consulting, Coaching & other charges in working with *Susan D. Berlin, LICSW, CASAC* at:

Susan Berlin & Associates
Washington, DC, Virginia, Maryland, New York, Wyoming

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex

Credit Card Account Number: _____ Exp. date: _____

Security Code: _____

Credit Card Service Fee (Initial for approval of fee): 4% MC/VISA _____ 4% AMEX _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____

Email Address for Receipt: _____

I certify that all information is complete and accurate. I hereby authorize Susan Berlin & Associates to collect payment for all authorized charges associated my treatment by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____