Silber Psychological Services, P.A.

www.silberpsych.com

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AUTHORIZATION FOR CREDIT CARD CHARGES

I authorize Silber Psychological Services, P.A. to charge any visits I do not pay directly by cash or check to my Master Card or Visa credit card. This will also include late or non-cancelled visits.

Master Card _____ Visa _____ Credit Card Three Digit Security Number: _____ Expiration Date: _____
Month Day Year

Credit Card Number _____ - _____ - _____ - _____

Mailing address of where the credit card statement is mailed:

_____ _____
Street City State Zip Today's Date

_____ _____
Card Holder's Name (please print) Phone #

_____ _____
Card Holder's Signature Witness

For office use only

Patient Account Name: _____ Patient Account No._____