

Center for Anxiety & Behavioral Change

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CREDIT CARD AUTHORIZATION FORM

Because there are times that clients may not pay at the time of sessions (e.g. forgotten checkbooks, minors coming to therapy without parents, etc.), we ask that you provide a credit card number to keep on file, to which professional fees will be charged at the time that services are rendered. If credit card information is not provided, then a deposit equivalent to the charge for a single session will be required prior to the first appointment.

I, _____, authorize The Center for Anxiety and Behavioral Change, LLC to keep my signature on file and to charge my credit card as outlined above. I understand that this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Patient's Name

Credit Card Type and Number (Visa, Mastercard)

Name of Credit Card Holder

Three-Digit Security Code

Billing Address (Street, City, Zip Code)

Credit Card Expiration Date

Cardholder Signature

Date