



## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Mrs. Katarina Matolek, MA, LMFT to

charge my credit card for services rendered. I understand that my information will be saved to file for future transactions on my account.

CARDHOLDER NAME: (as shown on card): \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

CVV #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

I agree to pay the additional credit card service fee of 2.67% \_\_\_\_\_ (Initial here)

I agree to receive the E-mail receipts: \_\_\_\_\_ (Initial here)

Email address: \_\_\_\_\_

I understand that my therapy session will be charged via this form on the day of my session unless cancelled 24 hours in advance. \_\_\_\_\_ (Initial here)

Additionally, I agree that the card listed below may be charged by Katarina Matolek in order to settle any outstanding balances \_\_\_\_\_ (Initial here)

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_