
MOLLY MILGROM PSYCHOTHERAPY

molly@mollymilgrom.com
(202) 207-6203

Credit Card Authorization Form (optional)

Please provide all the information requested below as a form of payment for psychotherapy and other charges in working with Molly Milgrom Psychotherapy.

Cardholder Information

Name as it appears on the credit card: _____

Card type (select one): Visa MasterCard Discover

Credit card number: _____

Credit card exp. date: _____ Security code: _____

Billing zip code associated with credit card: _____

Signing below authorizes Molly Milgrom Psychotherapy to collect payment for all fees associated with my treatment, **including fees for no shows or cancellations without 48 hours notice or for inadequate payment at time of service**, by processing a charge to the credit card listed above until such time as all balances are cleared with Molly Milgrom Psychotherapy. I certify that information provided above is complete and accurate. I certify that I am the authorized signer of the credit card listed above. I understand that Molly Milgrom Psychotherapy uses Square to process credit card payments and my information will be kept secure and private by Square as required by law.

Credit cardholder name (printed): _____

Credit cardholder signature: _____ Date: _____