
MOLLY MILGROM PSYCHOTHERAPY

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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 (circle one): Visa MC 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.

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