## MOLLY MILGROM PSYCHOTHERAPY molly@mollymilgrom.com

(202) 207-6203

## **Credit Card Authorization Form**

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

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## **Cardholder Information**

Name as it appears on the c	ard:			
Type of card (select one):	Credit	Debit	FSA	
Card type (select one): Visa	Mastercard	Discover	American Express	
Credit card number:				
Credit card exp. date:Security code:				
Billing address and 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** 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. 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 CardConnect to process credit card payments and my information will be kept secure and private by CardConnect as required by law.

Credit cardholder name (printed	1):
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Credit cardholder signature: \_\_\_\_\_