Susan Ruby, MA, LMHC

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CREDIT CARD AUTHORIZATION FOR SUSAN RUBY, MA, LMHC

This form may be completed and returned by fax to (425) 640-8997.

Today's Date: ____________________

Client Name: ____

☐ Please process a one-time payment of $___________________.

☐ Please keep this card on file for future payments. I authorize payments to be processed as charges are incurred.

☐ Other instructions:

____

Name as it Appears on Card: ____

Card Billing Address: ____

Card Billing City/State ____________________________ Zip: ____________________

Card Number: ____

V-Code (3 digits on back of card): ____________________ Expiration Date: ____________________

Type of Card: ☐ Visa ☐ Mastercard

Cardholder's Signature: ____________________ Date: ________________________________

Thank you for your payment!