Susan Ruby, MA, LMHC, PLLC
10500 Beardslee Blvd, No. 1881, Bothell WA 98041 ▪ (206) 915-9876 ▪ www.susanruby.com ▪ (f) (425) 286-6116

Credit Card Authorization for Susan Ruby, MA, LMHC

This form may be completed and returned by fax to (425) 286-6116.

Client Name: ______________________________

☐ Process a one-time payment of $ ____________

☐ 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 Code ______________________________

Card Number: ______________________________

Expiration Date: ______________________________

V-Code (3 digits on back of card): ______________________________

Card Holder's Signature: ______________________________

Today's Date: ______________________________

Thank you for your payment!