



CREDIT CARD AUTHORIZATION

Name on credit card: _____

Billing address: _____

Card number: _____

Expiration date: _____ Security Code: _____

Your Promise:

I will pay for all services at the time they are rendered. I authorize Peggy J. Wynne, MFT to charge the above credit card for any outstanding balance for therapy services provided or no-show fees.

Name (print): _____

Signature: _____ Date: _____