

Debit/Credit Card Billing Form

Please use this form for authorization of client credit card payments

Please check one option below:

1. I authorize Rodney Orders, LICSW, LCSW-C, DOT-SAP to charge my credit card automatically for all sessions (you may still be asked to provide your card at each session) for the amount of \$ _____.
2. I authorize Rodney Orders, LICSW, LCSW-C, DOT-SAP to charge my card for sessions that are canceled with less than 24 hours notice or that are missed.
3. Charge a one-time payment of: \$ _____
Amount
For session on: _____
Date
4. I choose to pay by cash or check for all sessions

I would like to make a payment(s) on my account with the following credit card:

(Please fill out form completely and sign)

<input type="checkbox"/> Visa
<input type="checkbox"/> Master Card
<input type="checkbox"/> Discover
<input type="checkbox"/> AMEX
<input type="checkbox"/> Other
Debit/Credit Card Number: _____ - _____ - _____
Expiration Date: _____ (mo)/ _____ (yr)
CVV number: _____
Printed Name: _____
Signature: _____
Date: _____
Address: _____