

THE STONY BROOK CENTER

Credit Card Authorization Form

Instructions: Please fill out the form completely. Do not omit any fields. Sign and date. Please bring the form to first session.

I hereby authorize The Stony Brook Center to keep my signature on file and to charge my credit card account for psychotherapy services and late cancellation fees, when applicable. These services can include my participation in individual, couples, family or group psychotherapy, workshops or telephonic consultation.

For these services I authorize The Stony Brook Center to charge the credit card listed below in the amount of the contracted hourly session rate. I understand that if I decide to terminate any of the services and my account is paid up in full, I may withdraw the authorization to charge my credit in the future provided I communicate revocation of authorization in writing to The Stony Brook Center by mail or fax.

Client Name:

Card Holder's Name (as it appears on the card):

Credit Card Billing Address (the address that the credit card is mailed to)

Street Address: _____

Unit #: _____

City, State, Zip Code: _____

Credit Card Type: Visa __ MasterCard __ AMEX __ Discover __

Card# _____

Expiration Date: _____

Signature: _____