

CREDIT CARD AUTHORIZATION FORM

For your convenience, I accept credit card payments. By completing this form, you authorize the below listed credit card to be charged after each session without you being present to sign. Your card will be charged in the amount listed on the Notice of Policies form. If you do not want your credit card charged after each session, please set up an alternative payment arrangement prior to beginning therapy.

Patient's name: _____

Please Check One:

____ Master Card ____ VISA

I, _____, authorize Jenna Hollenstein, MS, RDN, CDN
(full name of credit card holder)

to charge my credit card number:

Expiration Date (MM/YY) _____ Security Code _____

Billing Address _____

Billing Zip Code _____

Print Name _____

Signature _____ Date _____

