



CREDIT CARD AUTHORIZATION FOR JUDY HAIT, LMFT, PLLC

Today's Date: _____

Client Name: _____

____ Please process a one-time payment of \$_____

____ Please 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 the card: _____

Card billing address: _____

Card billing City/State: _____

Card Number: _____

V-Code (3 digits on back of card): _____ Expiration Date: _____

Type of Card: ___ Visa ___ Mastercard ___ Flex card _____ Other

Cardholder's Signature: _____

Thank you for your payment!