

Credit Card Authorization Release Form

Credit Card Information (choose One) **VISA** **Mastercard**

Credit Card Account #: _____ Exp Date: _____
CCV#: _____

Billing Information

Name _____

Cardholders Billing Address: _____

(no PO Boxes Accepted)

City: _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I _____ (name of card owner) authorize myHope Therapy Services LLC and/or its owner (John Migueis, LCSW) to charge the above credit card for:

Deductibles

Co-pays

Session Fee or portions of session fee not covered by insurance

Session Fee for missed sessions

and, I guarantee payment for any purchases made with the credit card account number identified above, including renewed cards.

Signature of cardholder

Date