

CONFIDENTIAL

CREDIT CARD AUTHORIZATION

This information is confidential and will only be kept on file by C.R.E.A.T.E. in Greater Philadelphia, Inc. Please do not submit this information electronically. You can mail this form to 210 2nd Avenue Malvern, PA 19355 or submit it in person.

Name as appears on Credit Card _____

Phone Number _____

Zip Code _____

Card Type (choose one): Visa MasterCard

(HSA; HRA and FSA cards cannot be processed manually and a Visa or MasterCard will need to be on file if manual processing is required at time of service.)

Credit Card Number _____

Expiration Date: (month/year) _____

CCV/CID Code: _____

I authorize this credit card to be used as payment for charges billed for individual therapy sessions.

Name _____

Signature _____ . Date _____