

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover
Other _____

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Item(s) Purchased: Therapy session(s)

Amount to be charged: _____

By signing this form, you authorize **Maya Sprague, LLC** to charge your card for the amount listed above for services rendered.

Signed: _____ Date: _____

Print name: _____

