

# Kathryn B. Miller, PhD

Licensed Psychologist

## Authorization for Visa/Mastercard/American Express Charges

I authorize Kathryn B. Miller to charge my credit card for services rendered or fees associated with my care as outlined in the Policies and Procedures.

Name: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

I would like to manually run my credit card in Square and have them securely maintain the credit card number on file to be used for services rendered.

Signature \_\_\_\_\_

