



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting me.
This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
CVV Code: _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize Michali Friedman, LCSW to charge my credit card above for agreed upon purchases in addition to a 3.5% credit card processing fee. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Please sign and email to michali@embracetherapy.net.