

Authorization to Use Credit Card for Psychotherapy Services

I authorize Boston Evening Therapy Associates to charge my credit card
\$_____ for the purposes of Group Psychotherapy.

Patient Name (please print)

Patient's Address with Zip Code

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

Credit Cd#:

Exp. date:

3 digit code

Cardholder's Name (Please Print)

Signed: _____

Date: _____

Therapist Name (Please Print)

Signed: _____

Date: _____