



Credit Card Authorization Form

Type of card: ☐ Visa ☐ Mastercard ☐ American Express

Name of Card Holder: _____

Card Numbers: _____

3 Digit Numbers on the back of card: _____

Expiration Date: _____ / _____

Zip Code of Cardholder: _____

The cardholder gives Dr. Christine M. Bielinski, Ph.D., LPC, permission to run the card for Psychotherapy services at the rate of \$200/per hr.

Authorized Signature: _____

Date: _____