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Credit Card Authorization Form

(Please circle one) VISA      MASTERCARD      AMEX

\_\_\_ Recurring charges(ongoing treatment) as per amounts stated in the signed payment contract for services.

I understand that is form is valid for one year unless I cancel the authorization through written notice.

Client's name:\_\_\_\_\_

Cardholder's name:\_\_\_\_\_

Cardholder's billing address:\_\_\_\_\_

\_\_\_\_\_

Charge card number:\_\_\_\_\_

Expiration date:\_\_\_\_\_

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

Cardholder's signature:\_\_\_\_\_

Date:\_\_\_\_\_