



## Credit Card Authorization Form

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

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

I, \_\_\_\_\_ authorize PPC Professional Psychologists & Counsellors  
to charge the card above for services provided to \_\_\_\_\_(client).

I understand that my information will be saved for future transactions.

\_\_\_\_\_ (Initial) Authorization to charge this card for missed appointments without prior notification.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**