



9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
602-957-7600
www.BeljanPsych.com

Credit Card Authorization Form

The purchaser _____ Date: _____
Client/Guardian _____ Date: _____

I _____ hereby authorize Beljan Psychological Services to run the card I am placing on file for services rendered. I understand that these charges will be processed following my sessions and that it may take up to 3-7 business days.

In addition, the purchaser should be aware that if they fail to cancel a scheduled appointment at least 24 hours in advance, a no-show fee equal to the price of the session will be charged. _____ (initials)

Please complete all fields.

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

Purchaser Signature: _____ Date: _____

Administration Signature: _____ Date: _____