CREDIT CARD AUTHIORIZATION FORM CINDY JACKSON M.Ed. LPC. NCC

Signature	Date
therapy sessions.	- · · · - · ·
I authorize this credit c	ard to be used as payment for charges billed for
CODE	
CCV/CID CODE	
CON ICID	
Expiration Date (month	n/year):
Number	
Credit Card	
card Type (circle one)	VISA MASI ERCARD AMERICAN EAF RESS DISCOVER
Card Tyme (circle one) I	VISA MASTERCARD AMERICAN EXPRESS DISCOVER
PHONE NUMBER:	
name as II appears u	N CARD:
NAME AC IT ADDEADC ()	AN CADD.
THIS INFORMATION WI	LL ONLY BE KEPT ON FILE BY CINDY JACKSON L.P.C