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Credit Card Authorization

Client Name: _____

Credit Card Information

Type (circle one): Visa Mastercard American Express Discover

Card Holder's Name (as it appears on card):

Credit Card # _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Three Digit Security Code: _____

Billing Zip Code for the Card: _____

Email address where you would like a copy of the receipt sent: (optional)

Authorization

I hereby authorize Tony Delmedico, LMFTA to charge the above credit card in order to collect payment for services rendered. This will include the collection of payment and such items as unpaid co-payments, unmet deductible or outstanding balances, and late cancelled or non-cancelled appointments.

I attest that the above information is true and correct and that I am the legal cardholder for this credit card. My signature below acknowledges that I have read and agree to these terms and conditions.

Signature of Card Holder

Date