

**CREDIT CARD AUTHORIZATION FORM CINDY JACKSON M.Ed. LPC. NCC**

**THIS INFORMATION WILL ONLY BE KEPT ON FILE BY CINDY JACKSON L.P.C**

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Card Type (circle one) VISA MASTERCARD AMERICAN EXPRESS DISCOVER**

**Credit Card  
Number** \_\_\_\_\_

**Expiration Date (month/year):** \_\_\_\_\_

**CCV/CID  
CODE** \_\_\_\_\_

**I authorize this credit card to be used as payment for charges billed for  
therapy sessions.**

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

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