

Arlene C. Gerson, PhD
Licensed Psychologist
9650 Santiago Rd., Suite 3
Columbia, MD 21045

www.ArleneGersonPhd.com
T: 443-827-3175

CREDIT CARD AUTHORIZATION FORM

Patient Name: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Cardholder Name: _____

Cardholder Address: _____

Credit Card Number: _____ Expiration: _____ Security Code _____

Name as it appears on card: _____

I authorize Arlene Gerson, PhD to process payments on my credit card for agreed upon psychological services rendered by Dr. Gerson. I also authorize Arlene Gerson, PhD to process payments on my credit card for missed appointments, late arrivals and appointments canceled without 24-hour notice.

Signature of credit card holder: _____ Today's Date _____