

# Mark Ettensohn, Psy.D.

Licensed Clinical Psychologist | PSY 25461

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## Pre-Authorized Credit Card Payment Form

I, \_\_\_\_\_ authorize Mark Ettensohn, Psy.D. to keep my signature on file and charge my credit card account for:

- Charges for services rendered
- Charges for missed or cancelled appointments as per treatment agreement
- Unpaid balances upon termination of therapy

Mark Ettensohn, Psy.D. agrees to only charge for the above circumstances and to keep my credit card information confidential.

Patient Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

\_\_\_\_\_

Visa

Mastercard

Discover

American Express

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_