

Rufus Gonzales Psychotherapy, LLC
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CREDIT CARD AUTHORIZATION

I request that you provide credit card information to secure your account. In the event that your account becomes past due, we will charge your card any remaining balance due. Credit card charges may be accompanied by a processing fee, in addition to the outstanding balance for your account.

Client Name: _____

Credit Card #: _____

Credit Card Type: _____

Expiration: _____ CVV: _____

Cardholder Name: _____

Billing Zip code: _____

I authorize Rufus Gonzales Psychotherapy LLC to charge my credit card listed above and to keep my signature on file for future charges as authorized by me.

Cardholder Signature: _____ Date: _____

Client Signature: _____ Date: _____