



Credit Card Authorization

This form authorizes the use of the following credit card to be used to settle any unpaid fees for therapeutic services with Britt Brennan.

Name on Credit Card _____

Type of Card: Visa_____ MasterCard ____ Discover_____ American Express_____

Other_____ (Specify Type of Card)

Card Number_____ Expiration Date_____

Billing Address of Credit Card_____

Signature of person authorizing use of credit card_____