

The Nanny Doctor[®]



Credit Card Authorization Form

I, _____, hereby authorize **Heller Psychological Services, P.C.** to charge my credit card account in the amount not to exceed:

\$ _____

() VISA () MasterCard () American Express

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Signature

As the credit card holder, I also authorize Heller Psychological Services, P.C. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Heller Psychological Services, P.C. will keep all information entered on this form strictly confidential.

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