



9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
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www.BeljanPsych.com

Credit Card Authorization Form

The purchaser _____ Date: _____
Client/Guardian _____ Date: _____

I _____ hereby authorize Beljan Psychological Services to run the card I am placing on file for services rendered. I understand that these charges will be processed following services rendered and that it is not always immediate _____ (Initials).

In addition, the purchaser should be aware that if they fail to cancel a scheduled appointment at least 24 hours in advance, a no-show fee equal to the price of the session will be charged. _____ (initials)

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Zip Code (from credit card billing address):
Email:

Purchaser Signature: _____ Date: _____

Administration Signature: _____ Date: _____