

CHARLENE UNDERHILL MILLER, PH.D

Individual, Marital, and Child Psychotherapy
MFC 24690

PAYING FOR SERVICES BY CREDIT CARD

If you wish to pay for services by credit card, please provide the following information:

Name as it appears on credit card: _____

Billing address for credit card:

Street address or PO Box _____

City _____ State _____ Zip _____

Type of card (circle): VISA / MasterCard / Discover

Credit Card #: _____

Expiration Date: _____ / _____
Month Year

Three or four digit security code on back of card: _____

I hereby authorize Charlene Underhill Miller, Ph.D. to charge my credit card on the following basis (please indicate selection):

_____ One-time charge in the amount of \$ _____

_____ Recurring charges as services are provided

I understand and accept that missed sessions without 48 hours' notice are subject to charge.

Signature

Date