

## ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services received through Cathy Eisenhower, LPC.  
Charges for services will be deducted from the card designated below at the time services are rendered.  
Cards accepted: Visa, Mastercard, and Discover.

### Client Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Billing Information

*Please provide information associated with the card you wish to use.*

Name on Card: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email: \_\_\_\_\_

*I authorize all service fees, unless otherwise arranged, to be deducted from the card listed below. (Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.)*

Card (circle one):    Visa    MasterCard    Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
CVV code: \_\_\_\_\_ (last three digits on back of card)

*I authorize the use of this card for all services and fees at the time rendered for the following parties:*

Full Name(s) of Client(s)

\_\_\_\_\_  
*I understand that this form authorizes Cathy Eisenhower, LPC, to charge this card for varying session types, across multiple dates of service, for ancillary services, and for client-canceled sessions that require payment based on the Informed Consent and Office Policies.*

*By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.*

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**