

Lisa Malek, LCSW-R

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

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

I, _____, authorize **Lisa Malek, LCSW-R** to charge my credit card above for agreed upon copayments and fees. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____

Date: _____