PROVIDERS FOR HEALTHY LIVING

Child, Adolescent, and Adult Psychiatry & Therapy Services

CREDIT CARD AUTHORIZATION

I hereby authorize **Providers for Healthy Living** to initiate a credit card charge in the amount of $_____. This amount will be applied to my account balance to offset charges for services and fees.

CARD NUMBER: _____

EXPIRATION DATE: _____

CVC (3 or 4 digit number on back of card): _____

BILLING ZIP CODE: _____

Please email my receipt to: _____

Please text my receipt to: _____

SIGNATURE: _____

DATE: _____