



Psychology Clinic - 706-542-1173
 139 Psychology Building, University of Georgia, Athens, GA 30602-3013

Credit Card Payment Authorization Form

Sign and complete this form to authorize Psychology Clinic to debit the credit/debit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the date of service. This permission is for services provided to you/child by the clinic and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Psychology Clinic to charge
 (full name)
 my credit/debit card account indicated below for \$ _____ on or after
 _____. This payment is for _____.
 (description of services)

Billing Address:

Phone:

 (Street/P.O. Box)

 (Primary)

 (City, State, Zip)

 (Alternate)

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover																				
Cardholder Name:	_____																							
Account Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																							
Expiration Date:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																							
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																							

SIGNATURE _____ DATE _____

I AUTHORIZE THE ABOVE NAMED BUSINESS TO CHARGE THE CREDIT CARD INDICATED IN THIS AUTHORIZATION FORM ACCORDING TO THE TERMS OUTLINED ABOVE. THIS PAYMENT AUTHORIZATION IS FOR THE SERVICES DESCRIBED ABOVE, FOR THE AMOUNT INDICATED ABOVE ONLY. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD AND THAT I WILL NOT DISPUTE THE PAYMENT WITH MY CREDIT CARD COMPANY; SO LONG AS THE TRANSACTION CORRESPONDS TO THE TERMS INDICATED IN THIS FORM.