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Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number_____

Expiration Date _____

Security Code _____

Billing Address_____

City, State, Zip_____

Phone Number_____

Amount to be Charged; $175 per 55 minute session / $210 for initial consultation

By signing this form, you authorize Dr. Andy McGarrahan to keep this card on file and use it to pay for services rendered. You will be sent a receipt for your records after each charge.

Signed:_____ Date: _____