



SWANSON PSYCHOLOGY, INC.
A Psychological Corporation

16311 Ventura Boulevard, Suite 925, Encino, California 91436
Telephone: 818-971-9446
www.swansonpsychologyinc.com

Permission to Use Credit Card to Bill for Services

Type of Credit Card: Visa Mastercard
 American Express Discover

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: ____/____ Security Code/CVV: ____

Billing Street Address: _____

Billing Postal/Zip Code: _____

By signing below, I give Swanson Psychology, Inc. ("SPI") permission to bill my credit card for any and all services my family member or I have received after such services have been provided. I acknowledge that I have been provided with the SPI Outpatient Services Contract, and reviewed the fees for services contained therein, before beginning treatment, and I understand that any and all charges will be billed in accordance with such fees for services.

Signature of Cardholder

Date

E-mail Address