



Infinity Psychological Services, PLLC

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ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for services rendered through this practice. Charges will be deducted from the card designated below at the time services are rendered. We accept: Visa, MasterCard, American Express and Discover, as well as HSA and Flex account cards that carry a Visa or MC logo. Please provide your payment information below. The top portion of this form will be destroyed once your information has been securely encrypted and stored; only the bottom section with your authorization will be kept in your file.

Client name: _____

Billing Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Card : Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CVV code (3 or 4 digits): _____

Check here if you have EAP sessions authorized _____

How many EAP sessions do you have? _____ Authorization code: _____

I authorize Infinity Psychological Services, PLLC to process the above credit card for services rendered as "Card on File," for _____ (name of client). I understand this authorization will remain in effect until the expiration of the credit card or until services are terminated by the abovenamed client. I may also revoke this form at any time by submitting a written request to the practice.

Type of Card : Visa MasterCard American Express Discover

Last 4 digits on card: _____ Card expiration date: _____

Name (Print) Authorized Signature Date

Relation to Client : Self Parent/Guardian Clergy Other