



PSYCHOTHERAPY SERVICES

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through Julian & Associates. The following forms of payment are accepted: Visa, MasterCard, American Express and Discover. Service fees will be deducted from the designated account at the time services are rendered.

Client Information:

Client Name: _____ Date of Birth: _____

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

Home Phone Number: _____ Mobile Phone Number: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____

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

Email: _____

I authorized any service fees to be deducted from the credit or debit card ending in _____
(Provide the last four digits of the card)

Cardholder Signature

Date

Cut here-Save Top Portion in Client's Chart

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your first payment has been made.

Card Type: (circle one): American Express Discover MasterCard Visa

Card Number: _____

Expiration Date: _____ CVV Number: _____