

Ellen Gray PhD, LCSW Psychotherapy & Counseling, PLLC

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Credit Card Authorization Form

I _____ authorize Ellen Gray Psychotherapy & Counseling to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ USD.

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

We impose a surcharge on credit cards that is not greater than our cost of acceptance.