

Credit Card Authorization form

Wendy Dolin, LCSW, LLC

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please circle which type of card:

Visa            Discover            Master Card            Amex

Amount to be charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**I authorize Wendy Dolin, LCSW, LLC to charge my credit card as indicated above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_