

Credit Card Authorization

Robi E.
Tamargo,
Psy,D.

Patient Name:

Cardholder Name:

Address of Cardholder:

Credit Card Type: Visa MasterCard AMEX

Card Number:

Expiration Date:

Code:

I authorize Dr. Tamargo to charge my credit card \$ _____ for clinical services.

Signature on file: _____

I may receive a statement of charges by request.