

PSYCHOLOGICAL SERVICES OF EAST LANSING, PLLC

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I have read and agreed to Psychological Services of East Lansing, PLLC's financial policy. I hereby authorize Psychological Services of East Lansing, PLLC to charge the credit card listed below for payment of charges to my account.

This form will be kept on file and will remain in effect until the expiration of the credit card account. Clients may also revoke this form by submitting a written request to the address listed above.

A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended. The client must also submit a written notification to Psychological Services of East Lansing, PLLC if the credit card is cancelled, lost, or stolen.

Card Holder's Name: _____
(Exactly as it appears on the card)

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Zip Code of Billing Address: _____

Card Holder's Signature: _____

Date: _____