



## SWANSON PSYCHOLOGY, INC.

A Psychological Corporation

16311 Ventura Boulevard, Suite 925, Encino, California 91436

Telephone: 818-971-9446 • [www.swansonpsychology.com](http://www.swansonpsychology.com)

### CREDIT CARD AUTHORIZATION

**Type of Credit Card:**

Visa

Mastercard

American Express

Discover

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*Name on Credit Card*

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*Credit Card Number*

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*Expiration Date (MM/YY)*

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*Security Code / CVV*

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*Billing Street Address*

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*Billing City, State, and Zip Code*

By signing below, I authorize Swanson Psychology, Inc. to bill the credit card identified above for any and all services provided to me or my family member. I acknowledge that I have received and reviewed the SPI Outpatient Services Contract, including the fees for services, prior to beginning treatment. I understand that all charges will be billed in accordance with those fees. This authorization will remain in effect until I provide written notice of cancellation.

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*Signature of Cardholder*

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*Date*

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*Printed Name*

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*E-mail Address*