



Heather Stone, Ph.D.
Licensed Psychologist, PSY 21112

Authorization for Payment
with Credit Card

I, _____ hereby authorize Dr. Heather Stone to charge my credit card in the amount of \$160.00 for psychotherapy services upon completion of session.

I also agree that Dr. Stone may charge this account for missed appointments if 24 hours' cancellation notice is not provided.

Patient's Name: _____

Credit Card Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Authorized Signature

Dated