

Credit Card Authorization

CC Type: Amex, Visa, MC, Discover (FSA/HSA)

Name: _____

CC #: _____

Exp. _____ **CVV:** _____

Signature: _____ **Zip** _____

* My signature above authorizes Carri Riemer, LMSW to bill my credit card for all services due. A service fee for utilizing a credit card may apply which will be noted on my personal bank statement. I understand this and agree to pay all charges billed to me.

Copay: _____ (for office use)

Alternate CC# _____

Exp.: _____ **CVV:** _____