

Carol R. Hirshfield, Ph.d.

A Psychological Corporation
Clinical Psychologist (PSY 16827)

11340 W. Olympic Blvd., Ste. 265
Los Angeles, CA 90064
Office Telephone (310) 473-3200
Fax (310) 479-4718

Authorization to Use Credit Card for Payment

For: _____

Client Name(s)

I hereby authorize Dr. Carol Hirshfield to charge any unpaid balance for professional services rendered, to my credit card, as follows:

____ Master Card ____ Visa ____ Discover ____ American Express

Card No. _____

Expiration Date _____ CVV Code (3 #s on back; or 4 digit for AM EX) _____

Name as it appears on my card: _____

Billing Address: _____

Address

City

State

Zip code

Signed: _____

Date: _____