

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

| Credit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card):<br>_____   |
| Card Number: _____   |
| Security Code: _____ Exp Date: _____ Zip Code: _____   |
| Email address:<br>_____  |

I, \_\_\_\_\_, authorize Basset Psychological Services, LLC to utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization. I understand that this information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date