



7777 Glades Road Suite 205  
 Boca Raton, FL 33434  
 (561) 613-5217

## CREDIT CARD AUTHORIZATION

**Client Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize **NewVu Therapy, LLC**  
 (Card Holder's Name)  
 to charge the following credit card for psychotherapy and related services administered on behalf of the client listed above. Furthermore, I authorize **NewVu Therapy, LLC** to charge the agreed upon session fee to this card in case of a missed appointment or late cancellation as outlined in the appointment and cancellation policies in the Informed Consent to Treat and/or Appointment and Fee Agreement forms.

Type of Card (circle one):                      Visa      MC      AMEX      Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

Email Address: \_\_\_\_\_

Bill Amount: \_\_\_\_\_

Is this a recurring bill? \_\_\_\_\_ If yes, what is the frequency of billing? \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder relationship to client: \_\_\_\_\_