

# Letter of Authorization to Charge Credit Card

I, \_\_\_\_\_, authorize Joseph Montaldi, LCSW to charge the following described credit card fees related to psychotherapy services including insufficient notice of cancellation, missed appointment fees, returned check fees and claims that are denied or not fully covered by my insurance plan.

Card Holder's Name on Card:

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

Email Address:

\_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_