

**Credit Card Authorization Form**

**Ann Marie Buckley, LCSW, PLLC**

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:     \_\_ MasterCard     \_\_ VISA     \_\_ Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV:   \_\_ \_\_ \_\_

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

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize Ann Marie Buckley, LCSW, PLLC, to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date