



THE FAST TRACK
TO BETTER
BEHAVIOR

CREDIT CARD AUTHORIZATION

VISA

MASTERCARD

AMERICAN EXP.

DISCOVER

Client Name: _____ Client DOB: _____

Name on Card: _____

Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Street Address: _____

City, State, Zip: _____

Email for Receipt: _____

Relationship to Client: _____ Phone Number: _____

Typing your name in the signature line below will be used and considered as your electronic signature.

My signature below authorizes Albert Knapp & Associates A Psychological Corporation (AKA) to charge my credit card in accordance to our agreed upon fees as outlined in the Informed Consent and Client Service Agreement document for all services provided, including services billed to and denied by the insurance company or other funding source. Additionally, my signature below authorizes AKA to charge my credit card the private pay rate for all late or same day cancelations, late start/early end appointments, and no-show appointments.

Authorized User (Print): _____

Authorized User (Signature): _____

Date: _____