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**CREDIT CARD AUTHORIZATION FORM**

Stephanie B. Levey, Ph.D. accepts credit card payments. For your convenience, please complete this form that authorizes me to charge your credit card at the end of every session for each transaction, without you being present to sign. A receipt will be provided along with an invoice for each paid visit.

I also accept cash, check and money order payments.

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

Client Name: \_\_\_\_\_

Please check one:

\_\_\_\_\_ American Express

\_\_\_\_\_ Mastercard

\_\_\_\_\_ Visa

I, \_\_\_\_\_, authorize Stephanie B.

Levey to charge my credit card.

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Billing zip code \_\_\_\_\_ Security code \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date