

CREDIT CARD AUTHORIZATION FORM

Stacy K. Hunt, Ph.D
Hunt Therapy

I _____, authorize Stacy Hunt, Ph.D. to charge
my credit card for services rendered only.

AMOUNT \$ _____ per session

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

Credit cards are processed in the evening or during breaks. If you would like an email or text receipt, please provide email address or phone number below:
