Elizabeth Lacy, LCSW, PLLC CREDIT CARD AUTHORIZATION FORM Date_____

I _____authorize Elizabeth Lacy, LCSW, PLLC to charge my credit, debit or FSA card

I authorize the payment of my co-payments, sessions and/or missed session fees.

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD SEC # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

_____

BILLING ZIP CODE _____

NAME ON CARD _____

As the credit, debit or FSA card holder, I authorize Elizabeth Lacy, LCSW to charge my card for future services (co-payments, sessions or missed session fees) verbally approved by me.

Your completion of this authorization helps to protect you from credit card fraud. I keep all information entered on this form strictly confidential.

(As it appears on card)

_____ _____

SIGNATURE DATE

Elizabeth Lacy, LCSW, PLLC
110 West 96 Street Suite 1D, NY, NY 10025