

# Credit Card Authorization Form

I \_\_\_\_\_ (name) authorize Dr. Slavsky to charge my credit card today \_\_\_\_\_ for \$ \_\_\_\_\_.

I authorize Dr. Slavsky to post additional charges to my card on \_\_\_\_\_, 20\_\_\_\_ for \$ \_\_\_\_\_.

From that date forward, \$ \_\_\_\_\_ will be posted to my account on a monthly basis until the remaining balance is fully paid.

Signed

\_\_\_\_\_

Mastercard   Visa   Discover   (circle one)

Account # \_\_\_\_\_

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

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_