

MOVING MINDS FORWARD LLC. ELECTRONIC PAYMENT AUTHORIZATION

In the event that you will be paying by credit or debit card, please indicate the card you wish to use for all services rendered. Charges for provided services will be deducted from the card designated below at the time that services are provided. I accept: Visa, MC and Discover.

Client Information:

Client Name: _____

Date of Birth: _____

Address: _____ City _____ State: _____

Zip: _____

Home Number: _____ Mobile Number: _____

SSN: _____ Email: _____

Billing Information: Please indicate the information associated with the credit/debit card that you wish to use.

Check here is it is the same as above ___

Name: _____

Address: _____ City _____

State: _____ Zip: _____ Email: _____

I authorize all service fees to be deducted from the card ending in _____ (last four digits of the card) Please enter the CVV code _____ (last three digits on back of card). I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

Cardholder Signature

Payments are processed as soon as same day of service.