

Vicki Klein, LCSW-C  
11300 Rockville Pike, Suite #503  
North Bethesda, MD 20852  
(301)775-6931

### Permission to Use Credit Card

Patient Name: \_\_\_\_\_

By signing this form, I agree to have my credit card charged for services for the patient listed above at the time of service, including charges for missed sessions that are not cancelled within 24 hours prior to the scheduled appointment

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_