



Heather Stone, Ph.D.  
Licensed Psychologist, PSY 21112

**Authorization for Payment**  
**with Credit Card**

I, \_\_\_\_\_ hereby authorize Dr. Heather Stone to charge my credit card in the amount of \$220.00 for psychotherapy services upon completion of session.

I also agree that Dr. Stone may charge this account for missed appointments if 24 hours' cancellation notice is not provided.

Patient's Name: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_

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

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

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

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Dated