



THE FAST TRACK  
TO BETTER  
BEHAVIOR



### Credit Card Authorization

Visa

Mastercard

American Exp.

Discover

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My signature below authorizes Albert Knapp & Associates A Psychological Corporation (AKA) to charge my credit card in accordance to our agreed upon fees as outlined in the Informed Consent and Client Service Agreement documents for all services provided, including services billed to and denied by the insurance company or other funding source. Additionally, my signature below authorizes AKA to charge my credit card the private pay rate for all same day cancelations and no-show appointments.

Authorized User (Print): \_\_\_\_\_

Authorized User (Signature): \_\_\_\_\_

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