

ADELE NATTER, LICSW, LCSW-C
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PRE-AUTHORIZED HEALTH CARE FORM FOR CREDIT CARDS

I hereby authorize Adele Natter, LICSW, to keep my signature on file and to charge my account for balances of charges for services rendered to me, and for missed appointments, not to exceed a rate of \$_____ per _____ min session. I understand that this authorization will remain in force until Adele Natter, LICSW has received written notification from me of its termination in such time and in such manner as to afford Adele Natter, LICSW a reasonable opportunity to act on it.

Client's Name: _____

Cardholder's Name (as it appears on the card): _____

Credit Card Billing Address (the address that the credit card statement is mailed to):

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

Credit Card Type: () VISA () MASTERCARD () OTHER _____

Credit Card #: _____

Expiration Date: _____ CVV #: _____

Signature: _____

Printed Name: _____