



Massler Center for Psychological Wellness, P.C.

127 East Mount Pleasant Avenue

Livingston, NJ 07039

Office: (973)535-8555 Fax: (973)535-8777

Credit Card Authorization Form

Name of Client: _____

Name as it Appears on Credit Card: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card CVC Code: _____

Amount: \$

I authorize the Massler Center for Psychological Wellness, P.C., to charge my credit card the agreed amount as reflected on the fee schedule signed during intake.

Signature of Authorized Card Holder

Date