

**Jonathan Lebolt, PhD, LLC**

**Credit Card Authorization**

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

Address (if different on card) : \_\_\_\_\_

Card No.: \_\_\_\_\_

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

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

Client Name (if not cardholder): \_\_\_\_\_

“I authorize Jonathan Lebolt, PhD to charge me for services rendered and for appointments that I have not cancelled by 12 pm of the previous business day.”

X \_\_\_\_\_

Signature/Date