

Susan Pauna, M.S., LCPC

VISA / MASTERCARD / DISCOVER / AMEX
AUTHORIZATION FORM

I authorize Susan Pauna, M.S., LCPC to process payments on my **VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS** for my sessions with Susan Pauna, M.S., LCPC (for copays, co-insurance, failed appointment / late cancellation charges, telephone charges and/or outstanding balances).

I understand that if my card declines, Susan Pauna, M.S., LCPC may put my VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS through on another day when funds become available.

Today's Date: _____

CIRCLE ONE → VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Patient Name

Billing Street Address

Cardholder Name

Billing City, State and Zip Code

Card Number

Patient Name

Card Expiration Date

Card Security Code (3 Digits on
Back of Card)

Patient Signature

Date