

**Myrtle C. Means, Ph.D.**

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Myrtle C. Means, Ph.D., P.C. to charge my credit card above for agreed upon fees and purchases. I understand that my information will be saved to a secure file for future transactions on my account.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

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