



Julie D. Bruno Psy.D.

[www.juliedbrunopsyd.com](http://www.juliedbrunopsyd.com)

## **Authorization for on-going use of Credit Card**

Effective the date signed below, and for a period of up to 12 months from such date, I authorize Infinite Behavioral Health Inc. to charge my credit card for all of my service obligations and/or purchases. It is further agreed that I need not be personally present when such charges are processed. My signature below will fully represent my signature on each individual charge, which will be reflected by the notation "Signature on File" on the charge receipt. I agree to be held to all of the same standard credit card agreements. Any declined or contested charges will become my personal responsibility to make good via payment in cash; money order; or cashier's check within 15 days of the declined or contested charge, unless such charge is agreed to have been made in error by Infinite Behavioral Health Inc.

\_\_\_\_\_  
Card Holder or Authorized Person's Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Card Holders Name (printed) as it appears on the card

\_\_\_\_\_  
Card Holder's billing address for this card

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Card CCV Number

\_\_\_\_\_  
Name of Parent Coordinator

\_\_\_\_\_  
Name of Client if different from Card Holder



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