

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time. This authorization will remain in effect until cancelled. Your card information will be held on file with my credit card processing company, Square, Inc. with whom I have a HIPPA Business Associate Agreement. For more information about Square, Inc. security practices, please visit <https://squareup.com/security>.

### Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ HSA

Cardholder Name (as shown on card):

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Card Number (stored securely by Square):

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Expiration Date (mm/yy):

Three Digit Code (on back of card)

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Cardholder ZIP Code (from credit card billing address):

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I, \_\_\_\_\_, authorize **Fawn Gonzales, LCSW LLC** to charge the card above for copays/therapy sessions /no show fees/and a nominal fee charged by Square, Inc. for services provided to

\_\_\_\_\_. I understand that my information will be saved on file with Square, Inc. for future transactions on my account.

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Signature

Date