

LIVEWELL PSYCHOLOGICAL SERVICES, LLC  
CREDIT CARD CHARGE FORM

Full Name: (on credit Card) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Card Type: MC / Visa.

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I authorize LiveWell Psychological Services, LLC to charge my credit card for services rendered today and for future services. I understand that my credit card may also be charged for missed appointments or cancellations made without 24-hours notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

