



**Julie Bindeman, Psy-D**

Integrative Therapy of Greater Washington

5818 B Hubbard Drive

Rockville, Maryland 20852

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

(240) 505-5751

## **Credit Card Authorization**

I authorize Julie Bindeman, Psy-D to charge my credit card as noted below for all appointments, including non-emergent cancellations without 24 hours notice. Additionally, my card will be charged for additional time or services provided (e.g. phone conversations lasting longer than five minutes, letter writing, record reviews, court appearances, calls to schools and other agencies, consultations with other professionals).

**DATE:** \_\_\_\_\_

**NAME (Please Print):** \_\_\_\_\_

Client's Name (if different) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME TEL. #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CREDIT CARD:**     MasterCard     Visa     American Express

**NAME ON CARD:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**SECURITY CODE:** \_\_\_\_\_

*(on back of card)*

**SIGNATURE:** \_\_\_\_\_