



Credit Card Authorization Form

You may pay for services using a debit or credit card (American Express, MasterCard, Visa, Discover, or HSA card). Services will be billed to your card on the same day or by the end of the week for services rendered.

Your signature below gives Social Butterfly Counseling permission to charge your card for psychotherapy services. A statement will be provided to you via email.

Card Type: ___ American Express ___ MasterCard/Visa ___ Discover ___ HSA Card

Name (as it appears on card): _____

Address: _____

Card Number: _____

Expiration Date: _____ **V-Code:** _____

I authorize Social Butterfly Counseling, LLC to bill credit card noted above for psychotherapy services rendered.

Email address: _____

Authorized Signature: _____

Printed Name: _____

Date: _____

Date Authorized by Phone: _____

Phone authorization received by: _____

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