







## Payment Authorization Form

Name:	DOB:
Payment Method Details	
Name on Card:	
Card Number:	Card Expiration:
Security Code:	
Billing Address:	
Billing Zip:	Billing City/State:
Acknowledgement:	
	nay utilize my payment methods on file for any balances, including
late cancellation and no-snow fe	es, without additional authorization.
Print Name:	
Signature:	Date:

Diane Lykes Clinical Director