



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

Center for Psychological Services and Development

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CREDIT CARD AUTHORIZATION

Client Name: _____ Date: _____

Cardholder Name (if different from client): _____

Cardholder Phone #: _____

Card Information: Visa MasterCard American Express Discover

Cardholder Name (as it appears on card)

Cardholder Billing Address City State Zip

Account Number Mo _____ Yr _____
Expiration Date

I, _____ authorize the Center for Psychological Services and Development to process the above credit card as "signature on file" for services provided according to terms listed below.

Terms: Single Use: Date: _____ Amount: _____

Multiple Uses: from Date: _____ to Date: _____ Amount: _____

Cycle (monthly, weekly, daily, phone call) details: _____

I hereby certify that I have read the entire document and I understand and agree with its content. I understand that my signature authorizes the CPSD to hold my credit card information on file and make charges to the card only as indicated above.

Signature: _____ Date: _____
Cardholder Signature