

## CREDIT CARD AUTHORIZATION

I authorize Pyrsys Psychology Group, Inc. (PPG) to keep my signature on file and to charge my credit card listed below for:

- Recurring charges for my ongoing treatment
- Recurring charges for the ongoing treatment for the following persons:

\_\_\_\_\_ (authorized person)

\_\_\_\_\_ (authorized person)

\_\_\_\_\_ (authorized person)

\_\_\_\_\_ (authorized person)

Check one:  VISA®  American Express®  MasterCard®  
 Discover® Card  PulseCard® (the healthcare credit card)

Cardholder Name: \_\_\_\_\_

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

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

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

Billing Zip Code: \_\_\_\_\_

I, the undersigned, understand that I or the person(s) indicated above must provide 48 hours advance notice for an appointment cancellation or I will be billed at the regular rate for that time. I have the right to terminate this authorization at any time but must do so in writing via mail or hand-delivery to 8950 Villa La Jolla Dr., B214, La Jolla, CA, 92037 or fax to 858-455-0141. The termination is effective 24 hours after PPG receives my termination letter. If I fax my termination letter to PPG, I will mail the signed original to the above address on the same day.

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

\*Charge will appear on credit card statement as "PPG INC"