

# Ellyn L. Turer, PsyD, PLLC

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Date \_\_\_\_\_

## AUTHORIZATION FOR CREDIT CARD PAYMENT:

Client name: \_\_\_\_\_

Card number: \_\_\_\_\_

Card expiration date: \_\_\_\_\_

Card security code: \_\_\_\_\_

(Mastercard & Visa: 3 digits on back of card; Amex: 4 digits on front of card)

Name as it appears on credit card: \_\_\_\_\_

Cardholder's name and address including zip code:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the cardholder, authorize Ellyn L Turer, PsyD, PLLC to process a charge to the credit card listed above for my monetary obligation solely related to my treatment with Dr. Turer. I understand that this card will be charged if I incur a missed appointment fee.

Cardholder's signature:

\_\_\_\_\_