

MARGIT COX HENDERSON, PH.D.

Licensed Clinical Psychologist (CO #2236)
1805 S. Bellaire St. ♦ Suite 175 ♦ Denver, Colorado 80222
Phone: (303) 257-2427 ♦ margit@margithenderson.com

Credit Card Authorization Form

Please complete all fields. You can cancel this authorization at any time by emailing me.
This agreement remains in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (as shown on card): _____	
Card Number :	_____ Exp. Date: ____ / ____
CVV: _____	Billing Zip Code: _____

I, _____, authorize Margit Cox Henderson, Ph.D. (MCHPHD) to charge this credit card for agreed upon fees and charges. I understand that my information will be saved on file for future charges.

Client Signature

Date