



Dr. Goodman & Associates
Family Psychologists

CREDIT CARD REOCCURRING PAYMENT AGREEMENT FORM

Please Print Cardholder Name

authorizes *David Goodman, Ph.D. Psychologist Associates* to keep my signature on file and to charge the credit card the amount of \$ _____ per session.

This reoccurring charge will be charged after each session.

HSA or Flex Spending Card _____ Yes _____ No

Required Information



Account Number

*Expiration Date: Month: _____ Year: _____

*Security Code: _____ (last 3 digits in signature box or 4 digits on front of American Express card)

*Cardholder Name: _____

*Cardholder Street Number _____ *Zip: _____

*Signature of Cardholder _____

*Date: _____

*Charges for following family members:

Authorized family member

Authorized Family Member