

IVAN DILLER, LCSW-R

180 SOUTH BROADWAY, SUITE 409•WHITE PLAINS, NEW YORK 10605

917-805-0044•INFO@IVANDILLER.COM

Credit Card Authorization Form

Ivan Diller, LCSW-R accepts credit card payments. Please complete this form to authorize his office to charge you for each session. In accordance with office policy, sessions that are cancelled with less than 24 hours notice will automatically be charged. By request, a receipt will be provided along with a monthly invoice.

Patient's Name: _____

Please check one:

_____ VISA

_____ MASTERCARD

_____ AMERICAN EXPRESS

_____ DISCOVER

I, _____, hereby authorize
Ivan Diller, LCSW-R to charge my credit card number

Expiration date _____

Security code _____

Billing Address

Print Name _____

Signature _____

Date _____