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**Credit Card Authorization Form**

The following information will be securely stored in your file and may be updated upon request at any time.

I, \_\_\_\_\_, am authorizing Jay E. Saul, Ph.D. to use my credit card information in the following situations:

- To charge the full session fee in the event that I no-show a scheduled appointment (fee may be waived the first time this occurs)
- I do not cancel at least 6 hours in advance (fee may be waived at Dr. Saul's discretion)
- There is an unpaid balance at the end of the month
- If a check is returned unpaid, the full session fee and any bank penalties will be charged
- I want to pay for the session by credit card in lieu of cash or check

Card Type (circle one):      Visa      Mastercard      AMEX      Discover

Name Printed on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification/Security Code (3-digit code on back of card/4-digit code on front for AMEX):

\_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_