

**MARCY MEVORACH, LCSW, LASAC**

*Licensed Clinical Social Worker and Licensed Associate Substance Abuse Counselor*  
8687 E. Via de Ventura, Suite # 308, Scottsdale, AZ 85258 (480) 707-2885

DEBIT & CREDIT CARD INFORMATION & AUTHORIZATION

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

I, \_\_\_\_\_, hereby authorize

Marcy Mevorach, LCSW, LLC to:

- charge the card for a “missed appointment” or “late cancellation” fee
- charge the card for sessions not paid by check or cash
- charge the card if there is an outstanding balance on my account

Card Type:

Mastercard \_\_\_\_\_  
Visa \_\_\_\_\_  
Discover \_\_\_\_\_  
Am Ex \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Name (as it appears on credit/debit card) \_\_\_\_\_

Address (where billing statements are mailed):

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

I agree to pay all charges related to these sessions as listed above.

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