

Hudson Mental Health
Natalie Schreter, LCSW
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Credit Card Authorization

Please provide all the information requested below as a form of payment for psychotherapy services & any other charges in working with *Natalie Schreter, LCSW*

Cardholder Information

Name as it appears on your credit card: _____

Card type: Visa MC Amex

Credit Card Account
Number: _____ Exp. date: _____

Security Code _____

Mailing Address: _____

City, State and Zip: _____

Phone number: _____

Email Address for
Receipt: _____

I certify that all information is complete and accurate. I hereby authorize *Natalie Schreter* to collect payment for all authorized charges associated with my treatment by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____