



9835 E. Bell Rd., Ste. 140  
Scottsdale, AZ 85260  
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www.BeljanPsych.com

**CREDIT CARD AUTHORIZATION FORM**

The purchaser \_\_\_\_\_, wishes to enroll \_\_\_\_\_ at Beljan Psychological Services, LLC for the following services:

**Please indicate which charges will be accepted:**

- Motor Cognition<sup>2</sup> Program; **\$85.00 per hour**
- Lindamood-Bell Reading Program; **\$85.00 per hour**
- Academic tutoring; **\$50.00 per hour**

In addition, the purchaser should be aware that if they fail to cancel a scheduled appointment at least 24 hours in advance, a no-show fee equal to the price of the session will be charged. \_\_\_\_\_ (initials)

**Please complete all fields.**

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Zip Code (from credit card billing address):
Email:

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

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

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

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