The Change Works Coaching Making change last. Making change first.

Marie Margenau-Spatz, Ph.D.

## Licensed Psychologist, Lifestyle & Executive Coach

## Credit Card Pre-Authorization Form for Coaching / Psychotherapy Services

Instructions: Please fill out form completely. Do not omit any fields. Sign and date! Deliver personally or mail original to Dr. Marie Margenau-Spatz, 65 West 55<sup>th</sup> Street, Ste. 4B, New York, NY 10019 or 29 Hughes Terrace, Yonkers, NY 10701. Also, please fax a copy of the signed and dated form to either of the following locations: New York City, 212-956-5655 or Westchester, 914-963-3336, available 24/7. Thank you.

I hereby authorize Marie Margenau-Spatz, Ph.D. to keep my signature on file and to charge my credit card account for psychotherapy, coaching or The Change Works Coaching services. These services can consist of my participation in individual, couples or group psychotherapy or coaching services. For these services, I authorize Dr. Margenau-Spatz to charge the credit card listed below in the amount of the hourly session rate. I understand that should I decide to terminate any of the services and my account is paid up in full, I may withdraw the authorization to charge my credit card in the future provided I communicate revocation of authorization in writing to Dr. Margenau-Spatz by mail or fax.

I further authorize Dr. Margenau-Spatz, Ph.D., to charge my credit card using the internet based credit card transaction services of Practice Pay Solutions at practicepaysolutions.com; and use of said credit card transaction service does not constitute a violation of confidentiality.

## Please print legibly Client's name: Cardholder's name (as it appears on the card): Credit Card Billing Address (the address that the credit card statement is mailed to): Address (line 1): Address (line 2): City, State, Zip, Country: Credit Card Type (Check one 2): VISA MasterCard Credit Card Number: Expiration Date: Today's Date (month/day/year): Telephone (on file with credit card company): Email: Signature:

Marie Margenau-Spatz, Ph.D.,
Http://www.TheChangeWorksCoaching.com
Email MMSpatz@verizon.net or Marie@TheChangeWorksCoaching.com
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