



1407 Hillsborough St
Suite 201
Raleigh, NC 27605
(919) 413-0367
www.elizabethtatum.org

Liz Tatum MA, LPC
Psychotherapist

liz@elizabethtatum.org

Credit Card on File Authorization Form

Date:

Card Holders Name:

(Exactly as it appears on card)

Card No:

Expiration Date:

Security Code (on back):

Card Type:

Visa MasterCard Discover

Card Holders Signature:

Billing Zip Code:

I have read and agreed to Elizabeth Tatum's financial policy. I hereby authorize Elizabeth Tatum to charge the credit card listed above for payment of charges to my account. This form will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may also revoke this form by submitting a written request to the address listed below. A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended. The applicant must also submit a written notification to Elizabeth Tatum if the credit card is cancelled, lost, or stolen.