



## Billing information

Type of Card: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Security Code (3 digits): \_\_\_\_\_

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

I give authorization to bill above mentioned card for therapy services through Brenda Sommer Therapy & Consulting, LLC.

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date