

Dr. Amanda Roberts – Clinical Psychologist and EMDR Specialist

Credit Card Authorization – Standing Payment Agreement

I will keep your credit card on file for the duration of your treatment. I accept MC or Visa. Thank you.

Card Type: Visa MC

Card Number: _____

Exp: ____ / ____ CVV: ____

Cardholder Name: _____

Billing Address: _____

Home address: _____



I authorize Dr. Amanda Roberts to charge my card after each session until the end of treatment.

Signature: _____ Date: _____