Tony Delmedico, Ph.D.
Licensed Marriage and Family
Therapist DepthWorks, PLLC

901 Paverstone Drive
Suite 9
Raleigh, NC 27615

Phone: 919-623-8118
Tony@TonyDelmedico.com

Credit/Debit Card Authorization

Patient Name: _____

Card Information

Type (check one): ___Visa ___ Mastercard ___ American Express ___ Discover

Card Holder's Name (as it appears on card): _____

Card # _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Three Digit Security Code: _____

Billing Zip Code for the Card: _____

Authorization

I hereby authorize DepthWorks, PLLC to charge the above credit card in order to collect payment for services rendered. This will include the collection of payment and such items as unpaid co-payments, unmet deductible or outstanding balances, and late cancelled or non-cancelled appointments.

I attest that the above information is true and correct and that I am the legal cardholder for this debit/credit card. My signature below acknowledges that I have read and agree to these terms and conditions.

_____ _____
Signature of Card Holder Date