

**GROWTH AND GRATITUDE, PLLC**

**Online Therapy**

**Updated September 2023**

**Growth and Gratitude, PLLC**

**Dr. Dan Sneider-Cotter, LCSW, Ed.D**

**53 Onteora Blvd. Asheville, NC 28803**

**NORTH CAROLINA: CO13376**

**FLORIDA LICENSE: SW15740**

**COLORADO LICENSE: CSW.09923224**

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**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled. UPDATED September 2023.

<b>Credit Card Information / Contact Information</b>	
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
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Cardholder Name (as shown on card): _____	Birth Date: _____
Card Number: _____	CVV (3 numbers on back of card): _____
Expiration Date (mm/yy): _____	Cardholder Address: _____
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I, (PRINT NAME: \_\_\_\_\_), authorize GROWTH & GRATITUDE, PLLC - DR. DAN SNEIDER-COTTER to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: \_\_\_\_\_

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