

# Hope Panara, MA, LPA

Licensed Psychological Associate

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## Credit/Debit Card Authorization

Client Name: \_\_\_\_\_

### Card Information

Type (circle 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: \_\_\_\_\_

Email address where you would like a copy of the receipt sent: (optional)

\_\_\_\_\_

### Authorization

I hereby authorize Hope Panara, MA, LPA 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