
Jose Morell, LMHC, LADCI

Credit Card Authorization

You can use this form to provide a credit card payment to: Jose Morell, LMHC, LADC I

6 Lynde St. Suite LLF Salem, MA 01970

 800 Hingham St, Suite 202S. Rockland, MA 02370 (781) 277-3300 or (781) 205-1877

**How to complete this form:**

1. Ensure that all fields have been filled in correctly.

2. Fields marked with an \* are mandatory and must be completed.

3. Once completed you can submit this form by mail: Jmorell@campsych.net

# Part 1 - Applicant Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First Name\* |  | Last Name\* |  | Phone Number |
|  |  |  |  |  |  |  |
| Address |
|  |
| Home Number: |  | Business Number |  | Mobile Number |
|  |  |  |  |  |
| Fax Number: |  | Email Address |  |
|  |  |  |  |
| Reason for payment: |
|  |

# Part 2 – Credit Card Details

I authorize COMPANY NAME to debit my Credit card in the amount of

|  |
| --- |
| Cardholder’s Name\* (please print name in capital letters) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Credit Card Number\* |
|  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  | CCV\*:

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit Card Expiry Date\* |  | Card Holder’s Signature\* |  | Date\* |
|  |  | - |  |  |  |  |  |  |  |