

**Becky Fischbein, LCSW-C**  
**The Family Garden LLC**  
Psychotherapy for Individuals, Couples & Families  
(443)-212-8125  
License # 09947 Tax ID 46-1201825

**Credit Card Authorization**

I authorize Becky Fischbein, LCSW-C to charge my credit card as noted for all appointments, including non-emergent cancellations without 24 hours notice. Additionally, my card will be charged for additional time or services provided (letter writing, records review, court appearances and consultations with other professionals).

DATE: \_\_\_\_\_

NAME (*please print*): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_