Cope With School NYC
168 West 86th Street- Suite 1D
New York, NY 10024
Phone: 212-362-0528

Credit Card Authorization

Name of Patient: _____

I hereby grant permission for Cope With School NYC/Ari Fox, LCSW-R to bill my credit card for psychotherapy sessions for the above patient, family or collateral sessions.

Name on Card: _____

American Express Discover Mastercard Visa

Card Number: _____

Expiration Date: _____

CVV Number (3 or 4 digits): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____