



CREDIT CARD AUTHORIZATION FORM

I _____, authorize Newtown Sport & Performance Psychology to charge my credit card for services rendered.

AMOUNT \$ _____ per session

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

Credit cards are processed in the evening or during breaks. If you would like an email or text receipt, please provide email address or phone number below:
