Ray Levy, Ph.D. & Associates

17110 Dallas Parkway Suite 290

Dallas, TX 75248

972-407-1191

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,authorize Ray Levy, Ph.D. & Associates to charge my credit card at time of service for one or more of the following services: counseling sessions, late cancels, no shows, copying of records, subpoenas, conference callas, deposition/testimony, collaborative, parent plan, child specialist, parent coordination, parent facilitation, reunification therapy, travel time to professional meeting and/or services for myself/spouse/child/children. The billing address for this card is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vcode:\_\_\_\_\_\_\_\_\_\_\_

Master Card\_\_\_\_\_Visa\_\_\_\_Discover\_\_\_\_\_\_

I agree to contact Ray Levy, Ph.D. & Associates in writing if there are changes to be made to this credit card authorization.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_