

**In-Joy Therapy and Yoga
Authorization for Credit Card Use**

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (three- or four-digit code located on the back of the credit card)

- I authorize Sharon Hyman to charge this card for sessions as directed by me.
- I authorize Sharon Hyman to charge this card when I miss payment or she holds a collaborative consultation with a school, a psychiatrist, or another professional.
- I understand that emails between Sharon Hyman and me, except for those regarding scheduling, will be charged to this card on the date of the correspondence.
- I agree to pay for any purchase using this credit card in accordance with the issuing bank cardholder agreement.
- I understand that my credit card will be charged 3.6% on top of the charge of service for each swipe.

Cardholder: Please Sign and Date

Signature: _____

Print Name: _____

Date: _____

Return the completed and signed form to:

Sharon Hyman, LCSW-C, RYT
In-Joy Therapy and Yoga
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Bethesda, MD 20817
sharonhyman1@gmail.com
(301) 320-2022