

Larry Cohen, LICSW • SOCIAL ANXIETY HELP

4808 43rd Place NW • Washington, DC 20016 • larrycohen@socialanxietyhelp.com • 202-244-0903

CREDIT / DEBIT CARD AUTHORIZATION

Card type *[circle one]*: VISA MASTERCARD DISCOVER

Print cardholder name as it appears on card

Print complete billing address

City

State

Zip code

Card number

Expiration date

Security code

I agree to pay \$_____ *[circle one]* **per scheduled session** / **per month*** to Larry Cohen, LICSW.

**[For per-month group therapy tuition, write last month and year to charge: _____]*

Cardholder signature

Date