

DR. GAYLE CORDES DBH, LPC, LISAC

Gayle Cordes & Associates Inc.

TIN#20-5907997

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(P) 480.296.2050

Pre-Authorized Charge Form - CONFIDENTIAL

I authorize Gayle Cordes, LPC, LISAC to keep my signature on file and to charge my credit card for:

_____ Recurring charges for ongoing treatment per date of service

I understand that this form is valid for one year unless I cancel the authorization through written notice to Gayle Cordes, LPC, LISAC.

Client Name

Cardholder Name

Credit Card Type: _____ VISA _____ MC _____ AMEX

CVS code _____

Credit Card Account Number

Expiration Date

Cardholder Signature

Date