

Beverlee Laidlaw Chasse MC, LPC

**8114 E. Cactus Rd. Suite 240
(O) 480.427.3550 (F) 480.427.3551**

Pre-Authorized Charge Form- CONFIDENTIAL

I authorize Beverlee Laidlaw Chasse MC, LPC to keep my signature on file and to charge my credit card for recurring charges for ongoing treatment per the date of service. I understand that this is valid for one year, and that I may cancel the authorization by giving written notice to Beverlee Laidlaw Chasse MC, LPC.

Client Name	Cardholder Name
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Credit Card Type: _____ VISA _____ MC _____ AMEX

Security Code: _____ Billing Zip Code: _____

Credit Card Account Number	Expiration Date
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Cardholder Signature	Date
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