

**Stepping Stones Psychological Services of Princeton, LLC
122 Commons Way
Princeton, NJ 08540
908-907-0693**

Credit Card Authorization Form

I hereby authorize Stepping Stones Psychological Services of Princeton, LLC to charge my credit card for therapy services at the agreed upon rate.

Client's Name: _____

Cardholder Name: _____

Type of Credit Card: _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Cardholder's Signature: _____ Date: _____