

**Wendy Moyer, LMFT**

Wendy Moyer, LMFT

8114 E Cactus Rd Suite 240

Phoenix, AZ 85260

**Pre-Authorization Charge Form-CONFIDENTIAL**

I authorize Wendy Moyer, LMFT to keep my signature on file and to charge my credit card for missed, cancelled appointments without 24 hour notice, and phone sessions.

I understand that this form is valid for one year unless I cancel the authorization through written notice to Wendy Moyer, LMFT.

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Client Name	Cardholder Name
Credit card ____ Visa ____ MC ____ AMEX ____ Discover ____ other	
_____ credit card account number	
_____ Exp. date (mo/yr) _____ zip code _____ sec. code	
_____ Date	