



**Psychology and  
Beyond, LLC**

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**Pia Nathani, Ph.D., HSPP**

260 S 1st St Suite 2, Zionsville, IN 46077

Ph: 317-498-5751

Fax: 317-204-7666

### **Credit Card Authorization Form**

By signing below, I authorize the following credit card number to be billed for psychotherapy, the 3 % credit card surcharge, and \$190 charges for appointments not cancelled with at least 48 hours' notice. See patient contract for more information on fees. If you have any questions, please don't hesitate to ask your psychologist.

Type of Card

Card Number

Expiration Date

Security Code

Zip Code of Address Linked to Card

Printed Name of Client

Signature of Client or Parent/Guardian

Date