

**MARK FALANGO, LCSW, CSAT**  
PSYCHOTHERAPIST  
3 VILLAGE SQUARE, SUITE 13 • NEW HOPE, PA 18938  
215.701.7144

PA LICENSE NO. CW013580

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**CREDIT CARD PROCESSING INFORMATION**

Mark Falango, LCSW, CSAT is hereby authorized to charge the following credit card for psychotherapy appointments in the amount shown, and in the event that an appointment is missed and/or cancelled with less than 24 hours notice with Mark Falango, LCSW, CSAT.

**CREDIT CARD INFORMATION**

**Client Name:** \_\_\_\_\_

**Client Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code** \_\_\_\_\_ This number can be found either following the credit card number on the back (3 digits).

**Please note that a \$6.00 transaction fee will be added to the total fee for services.**

**Amount:** \_\_\_\_\_

**Please Circle One:** MasterCard    Visa

**Authorized Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Refund policy:** All transactions are final.