

PSYCHOTHERAPY, ADDICTION, TRAUMA RECOVERY  
**MARK FALANGO**  
LCSW, CSAT-S

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New Hope, PA 18938  
267.740.2962

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**CREDIT CARD PROCESSING INFORMATION**

Mark Falango, LCSW, CSAT-S 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, and any other type of outstanding balance.

**CREDIT CARD INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

- For your convenience, this card can be kept on file and your balance can be charged after each session. If you would like to have your card charged automatically please initial here: \_\_\_\_\_
- Please note that a \$6.00 transaction fee will be added to the total fee for services.
- By signing below, you agree to provide Mark Falango, LCSW, CSAT-S with a credit card number that will be kept on file and will be charged if you do not pay your balance.

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