

**Robin Ellis, Psy.D.**  
5655 Lindero Canyon Road, Suite 106  
Westlake Village, CA 91362  
Phone: (818) 730-8491

## Credit Card Information Form

**Name:** (as it appears on the card) \_\_\_\_\_

**Billing Street Address** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Card Type:**       Visa       MasterCard       Discover       American Express †

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

### Single Charge Approval

I authorize Robin I. Ellis, Psy.D. to charge my credit card the amount listed above in payment for this single date of service: \_\_\_\_\_

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

### Ongoing Charge Approval

I authorize Robin I. Ellis, Psy.D. to charge my credit card the amount listed above in payment of services provided for all sessions until treatment ends or this agreement is cancelled in writing.

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