NAOMI JACOBS, Ph.D.
Licensed Psychologist / License # PY6330
100 Executive Way, Suite 207
Ponte Vedra Beach, FL 32082
Office # (904) 687-6336 / Fax # (904) 373-0170

Credit /Debit Card Authorization Charge Form

Date _____

Patient Name _____

Name and Address Associated with Card

Name: _____

Street: _____

City: _____ State _____ ZIP _____

Card Number: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Expiration Date: _____/_____

3 Digits CVC # on Back of Card: _____

_____ _____
Patient (Print Name) Date

_____ _____
Patient or Guardian Signature Date

(By signing above debit/credit card authorization form gives Dr. Naomi T. Jacobs, Ph.D. permission to use the card information that only pertains to all office visits, no shows, and late cancellations fee's that may apply).

(FOR OFFICE USE ONLY)