MIDWEST CENTER FOR
PSYCHOTHERAPY & SEX THERAPY

6300 University Avenue • Suite 125 • Middleton, WI 53562 • (P) 608-237-8000 • (F) 608-237-8005 • www.midwestcentertherapy.com

As a courtesy, we offer our clients the option for their session fees to be billed directly to their credit card. This form authorizes MCPST Management Corporation to bill your credit card for services and is kept confidential and private. Please complete all information below.

PLEASE PRINT

Today's date: _____

Billing interval: ◯ Monthly ◯ Each Session

Name on Card: _____

Type: ◯ Visa ◯ MasterCard ◯ American Express ◯ Discover

Card #: _____

Expiration Date: _____

Client Name: _____

Address: _____

Zip Code: _____

➔ **Signature:** _____

* Signing or typing your name here constitutes a signature.

FOR OFFICE USE

Billing #: _____