APS Advanced Psychological Specialists, LLC

NANCY JUST, PH.D., ABPP
DIPLOMATE IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY
LICENSE 03382

Payment is due at the time services are rendered

In order to avoid costly collection procedures, we request that all clients provide a back-up VISA or MasterCard number and authorization for use for late payments.

By signing this waiver, I give authorization for charges to be made to my credit card by Advanced Psychological Specialists, LLC *in the event that I fail to pay for services within 30 days of the date the services were rendered.*

Card Type: VISA MasterCard (Please circle one)

Card Number: ___________________________________

Expiration date: _________

V-Code: ___________

Address where the bill for this credit card is received:

Name: ____

Address: ____

City, State: ____

Zip Code: ____

____________________________________ _______________
Person whose name appears on the credit card Date

____
Signature

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