



57 W 57 (Suite 1007)

New York, NY 10019-2802

T: 212-658-0110

E: sm@kurtzpsychology.com

CREDIT CARD AUTHORIZATION FORM FOR PCIT-SM TRAINING EXTENDED PAYMENT PLAN

Trainee Name _____

Cardholder's Name _____

Billing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Credit card: American Express MasterCard Visa Discover

Credit card number _____ Expiration date _____ / _____

Security code (CVV): _____ MM/YY

Email Address for receipts _____

Authorization for Extended Payment Plan for the 2-day PCIT-SM Training

I have already authorized Kurtz Psychology Consulting PC to charge my credit card the down payment of \$500 for the 2-day PCIT-SM training. I hereby authorize charging my credit card account listed above for five consecutive monthly payments of \$115 beginning the first of next month.

Signature: _____ Date _____

Authorization for Extended Payment Plan for the Follow-up Proficiency Training Program for PCIT-SM (Only complete this section if you are opting for the Proficiency Training Program extended payment plan.)

I have already authorized Kurtz Psychology Consulting PC to charge my credit card the down payment of \$500 for the follow-up PCIT-SM Proficiency Training program. I hereby authorize charging my credit card account listed above for five consecutive monthly payments of \$115 beginning the first of next month.

Signature: _____ Date _____