



**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 \_\_\_\_\_