Elizabeth Lopez, LCSW, LLC 2751 Buford Hwy NE Suite 707

Atlanta, GA 30324

CREDIT CARD PAYMENT RECORD

Card Number:			Expiration Date:			
Credit Card Billing Information: Street Number			7in (Security Code	
			_	Sode See	Security Code	
Client Signature:	11			1 . 1		
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Therapist's Name:						
<u>Description of Service</u>	Date of	<u>Date</u>	<u>Amount</u>	<u>Authorization</u>	Recor	
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