

**Cher L. King, Ph.D.**  
Licensed Psychologist

Phone 801-726-7772  
Fax 435-734-1600

Email  
dr.king@comcast.net

Mailing Address  
P. O. Box 102  
Willard, UT 84340

Card Information

Patient/Client name:	Name on card:
Type of card ( <i>VISA, Mastercard, Discover</i> ):	Card number:
Cardholder street address including city and zip code.	Expiration date: Security code:

Place your initials on the appropriate line below:

\_\_\_\_\_ Use this card to process payment for all services as they are incurred or as they are billed.

\_\_\_\_\_ Use this card to process a one-time payment in the amount of: \_\_\_\_\_

Your signature certifies you are aware an additional 3% processing fee will be added to all charges to your card and you give your consent for this fee to be added.

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
Date signed

This form may be mailed, faxed, or emailed to Dr. King.