



**KATHERINE KO, PH.D., A PSYCHOLOGICAL CORPORATION**

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**ELECTRONIC PAYMENT AUTHORIZATION**

Please indicate the card you wish to use for all services rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time services are rendered. We accept: Visa, MC, AMEX, HSA/FSA cards.

**Billing Information:**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**Card Information:**

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card:  **Visa**       **MasterCard**       **American Express**       **HSA/FSA card**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV code \_\_\_\_\_

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

Full Name(s) Katherine Ko, Ph.D./Perfect Harmony, Inc.

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. \*By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**