



Dr. Sue Tonkins  
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### Credit Card Payment and Electronic Payment Authorization Form

#### Credit Card Information:

Name as it appears on card: \_\_\_\_\_

#### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Card: \_\_\_\_\_

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

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

Security Code: \_\_\_\_\_

This card may be used for payments if payment is not rendered at the time of services and for future charges.

I hereby authorize this card to be charged for the services rendered by Dr. Tonkins.

\_\_\_\_\_  
Signature Date

This form is valid for one year from the date of Signature. If the card number changes during the time when services are rendered, you are responsible for advising Dr. Tonkins and updating credit card information.