

On File Credit Card Set Up Form

Card Type (please circle): *Visa, MasterCard, or Amex* (includes HSA)

Card Number: _____

Expiration Mo/Yr: ____/____ CVV# (3 digits on reverse): _____

Card Holder: _____

Billing Address: _____

You will receive automatic notification from Jituzu when payments are processed. Kids On Up Psychotherapy provides this service as an optional convenience. Kids On Up Psychotherapy will delete this card number immediately upon your verbal or written request.

By signing below I authorize Kids On Up Psychotherapy, Inc. to:

- keep this card on file using our secure, PCI compliant, software through [Jituzu](#) and [Instamed](#), and
- charge payments to this card as they are due *and* past due.

Printed name as it appears on the card: _____

Signature of Card Holder: _____

Date: ____/____/____