

Art Therapy Studio Chicago, Ltd.  
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Chicago IL 60622  
www.art-therapist.org



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NPI# 1770614315  
EIN# 37-1737453  
arttherapiststudiochicago@gmail.com

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Authorization for Credit Card Transaction

Art Therapy Studio Chicago, Ltd. kindly requests to retain a credit card to reserve appointments and to ensure payment in the event reimbursement is not made by an insurance company or otherwise. Thank you for your understanding and consideration.

I authorize Art Therapy Studio Chicago, Ltd. to charge the following credit card for payment for services rendered or missed appointments that are not cancelled or rescheduled with a minimum of 24 hours notice. Outstanding balances may be charged via this credit card unless other payment arrangements have been made.

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

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Credit card number

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

\_\_\_\_\_  
CV2 Code (3 digit security code on back of card)

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Name as it appears on credit card

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Address and Zip code on billing statement

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Phone

Email

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Signature of Client

Date