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CREDIT CARD SIGNATURE ON FILE FORM

In order to simplify your payment responsibilities, Christopher L. Barley, M.D. enables you to make your payments by credit card. To facilitate processing and to permit you to authorize payments via phone, Christopher L. Barley, M.D. requests that you sign below so that we can maintain your signature on file.

I, the undersigned acknowledge that Christopher L. Barley, M.D. is hereby authorized to charge my credit card for payments authorized by me without obtaining additional signatures.

Patient Name: _____

Patient Signature: _____

Date: _____

Credit Card: **AMEX** **MASTERCARD** **VISA**

Credit Card Number: _____

Expiration: _____

Security Code: _____