

## Credit Card Authorization Form

Holly LaBarbera, LMFT #84042

3100 Mowry Avenue, Suite 410, Fremont, CA 94538 (510) 402-2855

I, \_\_\_\_\_, authorize Holly LaBarbera to charge the following credit card for current and future psychotherapy sessions and other authorized services provided to me and my family. I absolutely and unconditionally guarantee payment for any purchase made with the credit card account number identified below. I understand that my credit card will be charged the fees as agreed to in the professional disclosure statement. I understand that if I, or my family member misses an appointment or cancels an appointment with less than 24 hour notice, that I will be charged the usual session fee. I understand that if I would like to pay with cash or check, I can bring payment at the time of the session, otherwise my credit card will be charged. This form will be securely stored and may be updated upon request at any time.

Clients Name (if different from card holder) \_\_\_\_\_

### **Credit Card Information**

Credit Card Holders Full Name: \_\_\_\_\_

Type of Credit Card:  Visa  Maser Card

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_