

Credit Card Processing Information Recurring Monthly Payment

Date: _____

I, _____ hereby authorize Licia Ginne, Marriage & Family
Therapist, to charge the following credit card account. I understand the amount I am charged will vary month to
month according to the number of sessions we have scheduled.

This payment agreement will be in effect until services have been completed or are ended by request of the client
either verbally or in writing.

Credit Card Information:

Card Type: VISA MASTERCARD DISCOVER

Card Number:

Card Verification Code: (3 numbers on back of card)

AMERICAN EXPRESS

Card Number:

Card Verification Code: (4 numbers on the front of the card above account number)

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Street or P.O. Box

City

State

Zip

Email address: (If you want receipt
emailed to you) _____

Cardholder's Signature: _____