

### Credit Card Processing Information Single Payment

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Licia Ginne, Marriage & Family  
Therapist Inc., 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

Amount: \_\_\_\_\_

Email address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_