

CREDIT CARD AUTHORIZATION FORM

Please complete this form and return. All information will remain confidential.

Client Name:

CREDIT CARD INFORMATION
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Card Identification Number (3 or 4 digits located on the front/back of the card):
Cardholder ZIP Code (from credit card billing address):
Amount to charge per session: \$ (USD) 150.00 Cancelation fee: \$ (USD) 80.00
Would you like a receipt emailed/texted to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate an email or phone number:</i>

I authorize Brandon Vazirian, MS, LMFT to charge the amount listed above to the credit card provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that my information will be kept on file for future transactions on my account.

Cardholder Signature and Date

Print Name

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

