I Mr./Mrs./Ms./Mx. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby authorize Linda Attoe, M.A, Registered Psychotherapist,

to charge my credit card in the amount of:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per booked session.

**Please provide first four numbers of card only. Remaining numbers, expiry date and CVV will be provided via telephone conversation. Thank you.**

Cardholder number \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER (please circle one)

Expiry Date \_\_ \_\_ - \_\_ \_\_

CVV \_\_ \_\_ \_\_ \_\_

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Psychotherapist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRPO NO. 1686