



CREDIT CARD ON FILE AUTHORIZATION

Please complete this form to allow Melissa Sepeda, LCSW/ Daybreak Therapy Solutions, LLC to keep your credit card on file for future payments. Information to be completed by the card holder:

Cardholder Name: _____

Card Number: _____

Card Type: ___ Visa ___ Master Card ___ American Express ___ Discover

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Email Address: _____

I, _____, authorize Melissa Sepeda LCSW/ Daybreak Therapy Solutions, LLC to charge the above credit card account for payments owed to my account for services rendered at her office. I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

Cardholder Signature: _____ Date: _____

Daybreak Therapy Solutions, LLC
1234 Del Este Ave. Suite 502
Denham Springs, LA 70726
225-320-3223
msepeda@daybreaktherapysolutions.com