

Stella Maris Counseling

FEIN #47-3958071

642 14th Street, Manhattan Beach, CA 90266 * 310-729-8118 * Email: stellamaris.counseling@gmail.com

Credit Card Charge Authorization

I hereby authorize Stella Maris Counseling to charge my:

(check one) Visa _____ Disc _____ MasterCard _____ Amex _____

Exp. Date _____ Security Code _____ Billing Zip _____

Account Number: _____ - _____ - _____ - _____

the fee amount of: \$ 225.00 for each 50-minute therapy session

the fee amount of: \$ 450.00 for the 110-minute intake session

(Fee amount valid thru 12/31/22)

I understand that I will be charged for sessions for which I have made an appointment unless I cancel at least 48 hours prior to the appointment. This authorization shall be valid until cancelled in writing by mail to: Stella Maris Counseling at 934 Hermosa Ave., Suite #11, Hermosa Beach, CA 90254, or by email to: stellamaris.counseling@gmail.com.

I also understand that a 3.8% handling fee will be applied to each credit card charge.

Print Payor Name: _____

Billing Address: _____

Phone: _____

Signature: _____

Date: _____