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Credit Card Authorization

I, _____, authorize Amanda McDaniel to charge my credit card for retainer purposes and any unpaid balances and fees associated with my psychotherapy sessions, telephone consultations, legal consultations and internet Skype sessions.

Any monies due will be automatically charged to my credit card on the day that services are rendered.

Name as it appears on card

Driver's License *

Card Number

Type of Card

Expiration Date

Security Code

Billing Street Address

Phone Contact

City, State, Zip

Authorizing Signature

Date