

**Credit Card Processing Information
Recurring Monthly Payment**

Date: _____

I, _____, hereby authorize Licia Ginne, Marriage & Family Therapist Inc., to charge the following credit card account. I understand the amount I am charged will vary month to month according to the number of sessions we have scheduled.

This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or in writing.

Credit Card Information:

Card Type: VISA MASTERCARD DISCOVER

Card Number:

Card Verification Code: (3 numbers on back of card)

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Street or P.O. Box

City State Zip

Amount: _____

Email address: _____

Cardholder's Signature: _____