LICIA GINNE, MARRIAGE & FAMILY THERAPIST, INC.

3201 Wilshire Boulevard, Suite 209 Santa Monica, CA 90403
ph: 310 828-1256 www.LATherapists.com

Credit Card Processing Information
Single Payment

Date: _____

I, _____ , hereby authorize Licia Ginne, Marriage & Family Therapist Inc., to charge the following credit card account.

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: _____