

Coral Compagnoni, LMFT

Licensed Marriage and Family Therapist #84799

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Credit Card Authorization

I _____ hereby authorize Coral Compagnoni, LMFT
Credit card holder
to charge my credit card for services rendered for _____
Client
I understand that all services are final, and that I am solely responsible for charges incurred.

Please initial all that apply:

Please charge my credit card in the amount of _____ per session on an **ongoing basis** at the time of each session. This applies to phone sessions between scheduled sessions and requested documentation, per the agreement outlined in the Consent for Services. A receipt will be automatically emailed or texted to me if I wish at the following email/phone number: _____

In addition, should I fail to follow the 24-hour cancellation policy outlined in the fee agreement; I agree to have my credit card automatically charged for the full session fee of \$_____.

Please charge my credit card in the amount of _____ for previous balance owed.

Type of Credit Card: Visa MasterCard Discover AMEX

Name on Card: _____

Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Signature: _____ Date: _____