

Linda Lafferty
Marriage Family Therapist

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MFT #31787

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV _____
Cardholder ZIP Code (from credit card billing address): _____
Email: _____
Cell Phone: _____

I, _____, authorize, Linda Lafferty, MFT, to charge my credit card above for agreed upon charges, including charges for my scheduled sessions if not canceled 24 hours prior to the scheduled time. Session charges will be made the morning of the scheduled visit. I understand that my information will be saved to a file for future transactions on my account.

Customer Signature

Date

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