

Corinne Eisenhardt, MA, LPCC, NCC

Licensed Professional Clinical Counselor #4467

4620 Hollywood Blvd, Los Angeles, CA 90027 • (818)660-5862 • CorinneEisenhardt@gmail.com

Credit Card Authorization Form

Instructions: Please fill out the form completely. Please do not omit any fields. Please sign, date and bring this document with you to the first session.

I hereby authorize my therapist Corinne Eisenhardt LPCC to keep my signature on file and to charge my credit card account for psychotherapy services and late cancellation fees, when applicable. These services can include my participation in individual or group psychotherapy, telephonic consultation or coaching services.

For these services I authorize Corinne Eisenhardt LPCC to charge the credit card listed below in the amount of the contracted hourly session rate. I understand that if I decide to terminate any of the services and my account is paid up in full, I may withdraw the authorization to charge my credit in the future provided I communicate revocation of authorization in writing to Corinne Eisenhardt LPCC by mail or in person.

Please print legibly

Client Name: _____

Card Holder's Name (as it appears on the card):

Credit Card Billing Address (the address that the credit card bill is mailed to)

Street Address: _____

City, State: _____ Zip Code: _____

Credit Card Type: Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card# _____

Expiration Date: _____

Customer Identification Number (CID/CVV2/CVC2 – the three-digit code on the back or the four-digit code on the front of the card): _____

Signature: _____ Date: _____