Eveline Smilack, MFA, LMFT
Licensed Marriage & Family Therapist #91090
Practice of Psychotherapy

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(310) 869-1533

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Eveline Smilack, MFA, LMFT to keep my signature on file and to automatically charge my credit card account for any and all of the reasons indicated below:

- ☐ Charges for missed or cancelled sessions, with less than 24 hours advance notice, from ____ /____/____ until Client (named below) is formally discharged as a client from the office of Eveline Smilack, MFA, LMFT, unless I revoke such authorization in writing beforehand.
- ☐ Charges for the amount of each check that does not clear the bank, for whatever reason, plus a $25 returned check charge per incident.

I, _____, also authorize Eveline Smilack, MFA, LMFT to automatically charge my credit card account for each of the selected reasons below:

- ☐ A single charge of _____ for Client's initial session on ____/____/____ .
- ☐ Recurring charges (ongoing treatments) per visit of _____ from ____/____/____ until Client is formally discharged as a client from the office of Eveline Smilack, MFA, LMFT, unless I revoke such authorization in writing beforehand.

CREDIT CARD INFORMATION

Client Name: _____

Cardholder Name : _____ (As Printed on Card)

Account #: _____

Expiration Date: _____ /_____ /_____

Card Type: VISA / Mastercard /American Express (Circle One)

V Code: _____ (VISA / Mastercard - 3 digits on back /American Express - 4 digits on front)

Card Holder Address

Street: _____

City : _____

State & ZIP CODE: _____

Email Address: _____

Card Holder Signature: _____

Date Authorized: _____