

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

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**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ (card holder name), 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 following reasons:

- Charges for missed or cancelled sessions, with less than 24 hours advance notice, from \_\_\_\_/\_\_\_\_/\_\_\_\_ (current date) 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 or declined payment that does not clear the bank, for whatever reason, plus a \$25 returned check or declined payment charge per incident.

I, \_\_\_\_\_ (card holder name), also authorize Eveline Smilack, MFA, LMFT to automatically charge my credit card account for each of the reasons below:

- A single charge of \_\_\_\_\_ (agreed fee) for Client's initial session on \_\_\_\_/\_\_\_\_/\_\_\_\_ (initial session date).
- Recurring charges (ongoing treatments) per visit of \_\_\_\_\_ (agreed fee) from \_\_\_\_/\_\_\_\_/\_\_\_\_ (current date) 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 / American Express - 4 digits)

**Card Holder Address** (for Credit Card)

Street: \_\_\_\_\_

City: \_\_\_\_\_

State & ZIP CODE: \_\_\_\_\_

Email Address: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date Authorized: \_\_\_\_\_