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Credit Card Authorization

I, _____, authorize Julie Wells to charge my credit card for retainer purposes and any unpaid balances and fees associated with my Psychotherapy.

Any fees that are not paid at the time services are rendered will automatically be charged to my credit card. A receipt of the charge will be mailed to me.

Name as it appears on card

Driver's License Number

Card Number

Type of Card

3 or 4 digit code

Expiration Date

Phone Number

Billing Address for Statement

City, State, Zip

Name (Printed)

Date

Signature