Marty Simpson, LMFT, CSAT, CPTT
22221 Kittridge Street
Woodland Hills, CA 91303
310 -740-5442 text or voice
Marty@MartySimpsonMFT.com

CREDIT CARD AUTHORIZATION

I, _____, authorize Marty A. Simpson, LMFT to keep my signature on file and to charge my credit card in the amount of $ 230.00 as payment for:
each 50 minute psychotherapy or neurofeedback session (prorated for longer sessions at the same rate/hour).

_____ VISA _____ MASTERCARD _____AMERICAN EXPRESS

PATIENT NAME: _____

NAME ON CARD: _____

_____ _____ _____
CREDIT CARD ACCOUNT NUMBER EXP DATE 3 or 4 digit CCV

_____
BILLING ADDRESS ZIP CODE

_____
EMAIL (REQUIRED)

_____
CARDHOLDER SIGNATURE DATE