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, _____, I authorize Marty Simpson, LMFT to keep my signature on file and to charge my credit card in the amount of $250.00 as payment for each 50-minute psychotherapy or neurofeedback session (prorated for longer sessions at the same rate/hour).

Circle One: VISA MASTERCARD AMERICAN EXPRESS

PATIENT NAME: _____

NAME ON CARD: _____

CREDIT CARD ACCOUNT NUMBER

_____

EXP DATE _____ 3 or 4 digit CVV# _____

BILLING ZIP CODE _____

EMAIL (REQUIRED) _____

_____ _____
CARDHOLDER SIGNATURE DATE