

Meredith Reddoch, MA, LMFT, SEP

License #LMFT84013

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I authorize Meredith Reddoch, LMFT to keep my signature on file and to charge my credit card or debit card for the recurring charges of set fee \$_____ per session.

I understand that this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges ("charge back") for sessions that I have received or that I did not cancel within the 24 hour notice policy found in the consent form.

I further authorize Meredith Reddoch, LMFT to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Credit/Debit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
<input type="checkbox"/> Other _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

Customer Signature

Date