



Kaitlyn Nicholson, MMFT

Credit Card Authorization Form

Client Name:

Name on Credit Card (if different from client):

Fee (per session): _____

Method of Payment: _____ Visa _____ MasterCard _____ Discover Card _____ AMEX

Credit Card Number: _____

Exp. Date: _____ CVC Code: _____

Billing Address (must match the address the credit card company has on file):

I authorize Kaitlyn Nicholson, MMFT, to keep my credit card information confidentially filed with my session records to use as payment for each of my sessions unless other form of payment is provided or requested. I understand I must provide cash or check should my credit card be declined. This signature indicates that you understand the 24-hour cancelation policy. Please Note: There is a \$35 processing fee assessed for chargebacks and returned checks.

Signature:

Date: _____ Phone Number:
