
PRE-AUTHORIZED CREDIT CARD APPROVAL

I authorize **Maya Heffernan LMFT** to keep my signature on file and to charge my credit card account for:

Recurring charges (on-going treatment) of \$ _____ every session
(session fee)

from _____ to _____.
(today's date) (one year from today)

Please initial the following:

____ ***I understand this authorization form is valid for one year unless I cancel the authorization through written notice to my therapist.***

____ ***I understand that Maya Heffernan LMFT has a 24-hour cancellation policy. Card will be charged full session fee for no-shows and late cancellations.***

Client's Name: _____

Cardholder's Name: _____

Cardholder's Address: _____

(Please note: Cardholder's address must be the Billing Address of credit card account. Must include billing zip code)

Please check one: Visa Mastercard American Express

Credit Card Number: _____ Exp. Date: _____

Security Pin or CVC Number: _____

Cardholder's Signature: _____