

CREDIT CARD AUTHORIZATION

Jacqueline Islas, M.S.

Marriage and Family Therapist, Registered Intern IMF71257

*Supervised by Colleen Kelly, M.S., LMFT MFC49827

I, _____, authorize *Colleen Kelly, M.S., LMFT to charge my credit card for retainer purposes and any **unpaid balances** and fees associated with my Psychotherapy sessions provided by **Jacqueline Islas, MS, MFT Intern.**

Any fees that are **not** paid at time services are rendered will automatically be charged to my credit card. A receipt of the charge made will be mailed to me, upon my request.

Name as it appears on card

Driver's License Number

Card Number

Type of Card

3 or 4 Digit Code (on front or back of card)

Billing Street Address for Statement

Expiration Date

City, State, Zip

Phone

Name

Date

Signature