

Little Red Telescope

life unfolded

Credit Card Authorization Form

I _____ (name as it appears on card) authorize the use of my credit/debit card described below for charges related to services provided by Courtland McPherson, MSW, LCSW, DBA Little Red Telescope. I understand that all services are final, and that I am solely responsible for charges incurred.

Credit Card Type: MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ CVV number: _____

Name of Cardholder: _____

Name of Client (if different): _____

Cardholder Signature

Date

Printed Name

I understand that the amount charged on my card will be reflected on my credit card statement and that the name Courtland McPherson and or Little Red Telescope will appear on my credit card statement.

_____ **(Initial)**

I understand that my card will be stored on file and used to pay for services throughout the duration of services unless other arrangements have been made.

_____ **(Initial)**

I understand that my card will be charged \$_____ per session. I also agree and understand that should I fail to follow the 24 hour cancelation policy or miss an appointment as outlined in the office policies and agreement for psychotherapy disclosure that my credit card will be automatically charged the full session fee of \$_____.

_____ **(Initial)**

Courtland McPherson, MSW, LCSW Lic. #LCSW73960
1101 Marina Village Parkway, Suite 201 Alameda, CA 94501
Phone: (510) 473-6032

Website: www.LittleRedTelescope.com Email: Info@Littleredtelescope.com