

Rebecca Berg, Marriage and Family Therapy, Inc. · Lic#MFC43310

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Credit Card Authorization

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.

In case of late cancellations and/or no shows for scheduled sessions, you will be charged the full session fee.

I, _____, am authorizing the entity, Rebecca Berg, MFT, the use of my
(print name)

credit card in the event that I do not notify Ms. Berg of my inability to attend a scheduled therapy appointment and/or do not cancel my appointment with intent to reschedule at least 48 hours in advance as agreed in the Financial Arrangement policies. Furthermore, I also understand my card will be charged to settle any outstanding balances accrued with Rebecca Berg, MFT and I will not dispute charges (“charge back”) for sessions I have received or appointments I missed according to the above policy.

Card Type (circle one): Visa MasterCard Discover American Express

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3-digit code on back by signature line): _____

Billing Address: _____
(Street, City, State, & Zip)

Email Address: _____

Signature: _____ Date: _____