

VALENCIA RELATIONSHIP INSTITUTE

CREDIT CARD AUTHORIZATION FORM

I authorize Valencia Relationship Institute to keep my signature on file and to charge my credit card account for:

1. Balance of charges not paid by me and not to exceed \$_____ for:
This visit only_____ All visits_____

2. Recurring charges (on-going treatments) of \$_____ every
_____ from _____ to_____. (fee)
(frequency) (date) (date)

**I understand I may revoke this agreement at any time by providing a request in writing.

Client's Name_____

Cardholder's Name_____

Cardholder's Address_____

City_____ State_____ Zip_____

VISA___ MASTERCARD___

Account number_____ Expiration_____

Security Code on the back of the card_____

Signature_____ Date_____

Therapist agrees to only charge for services rendered or for cancellation fee if appointment is not cancelled within 48 hours.

Therapist's Signature

Date