



Maria Coleman, LMFT
 Licensed Marriage and Family Therapist
 Terapeuta Licenciada Familiar
 #92626

ELECTRONIC PAYMENT AUTHORIZATION

Please provide credit or debit card information for circumstances when cash or check is not available for the session, or for missed sessions and/or cancellations with less than 24-hour notice or for telephone sessions. You will receive a receipt when electronic payment has been applied. If you are seeking reimbursement from a healthcare plan privately, you may submit the statement to them.

PAYMENT INFORMATION

The following forms of payment are accepted: *Visa, MasterCard and Discover.*

I authorize Maria Coleman, LMFT (#92626) to bill the card listed below, and understand that this form is valid until the expiration date of my charge card listed on this form, or when I cancel the authorization through written notice. Please be aware that transactions will appear as "Maria Coleman" on your bank or credit card statements.

Client Information:

Client Name: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name on Card: _____

Address: _____ City _____

State: _____ Zip: _____

Card Type: _____ Card Number: _____

Exp. Date: _____ CVC Code: _____

 Cardholder Signature

 Date