

Allison Waite, M.A., LMFT
Licensed Marriage and Family Therapist LMFT#100610
1001 Dove Street•Suite 260• Newport Beach • CA•92660
(949) 630-5592

Credit Card Processing Information

Name: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Street Address Number: _____

Zip Code: _____

CVV2 Number: _____

Amount: _____ \$185.00 _____

I hereby authorize Allison Waite, M.A., L.M.F.T., to charge my credit card in the amount listed above for any completed psychotherapy sessions or any missed appointments not cancelled within the required 48 hour time. I agree not to charge back any fees, as services will be rendered in full.

Signature: _____

Printed Name: _____

Date: _____