

Ann Woodward Hines, MA, LMFT
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Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card _____

Billing Address _____

Credit Card Type: _____ Visa _____ Mastercard _____ Amex

Credit Card Number: _____

Expiration Date: _____

Billing zip code: _____

Session fees: \$160.00: 60 min/ \$130: 45 min/ \$90: 30 min/ \$40: 15 min intervals of collaborative time \$175: 60 min co-parent session/ \$200: 75 min co-parent session

I authorize Ann Woodward Hines, Licensed Marriage and Family Therapist, to bill the credit card above for professional services. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. If the card declines, I agree to provide an alternative card number or method of payment for my session.

Cardholder – Please Sign and Date

Signature: _____ Date: _____

Print Name: _____

Note: There have been a higher number of cards needing updating. I now try to run cards the morning of your appt, so you may fill out an updated form if the card declines. Thank you.