

Credit Card Authorization Form

Credit card number _____

Expiration date _____ Cvv _____ Zipcode _____

I consent to Lauren Boasberg, LMFT charging my credit card for psychptherapy sessions. If I do not cancel my session or reschedule within 24 hours, I give Lauren Boasberg, LMFT the right to charge my card.

Name _____

Signature _____

Date _____