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CREDIT CARD AUTHORIZATION FORM

Client(s) have the option for fees to be charged directly to their credit card. This Credit Card Authorization Form allows Adriane Nada, LMFT, LPCC to bill a credit card for services in accordance with fee arrangements agreed to in the Informed Consent Agreement. If you would like to set up this kind of payment, please have the party responsible for payment complete this form. You may opt out of this service at any time.

I, _____ (Party Responsible for Payment) **hereby authorize this card to**
be charged fees for services provided to _____ (Client Name)
according to the policies outlined in the Informed Consent Agreement, entered into on _____
(Date of Client Consent Agreement), for services beginning _____ (Service date).

Signature of Party Responsible for Payment

Date

NAME ON CARD:

TYPE OF CARD:

American Express Visa MasterCard Discover Other _____

CARD NUMBER:

SECURITY CODE (CVV): _____ EXPIRATION DATE: ____/____

BILLING ADDRESS

STREET:

CITY: _____ STATE: _____ ZIP CODE: _____