

Client Authorization for Credit Card Payment

By providing the following information, I hereby authorize Portland Marriage and Family Therapy, LLC/Lisa LeTourneux, MS, MFT to charge my credit card for therapeutic counseling received on _____.

Name (as it appears on credit card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type (circle one): Visa Mastercard Debit Other

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security #: _____

E-mail address (for copy of receipt): _____

Home Telephone Number: _____

Signature: _____

Date: _____

Credit card payments are processed through PayPal's secure server.
Credit card authorization forms are kept in a locked and confidential file.