Curtis C. Rouanzoin, Ph.D. & Associates, Inc.

8 Corporate Park, Suite 300
Irvine, CA 92606
Phone: 949-242-4555 Fax: 949-242-4556
E-Mail: ccrouanzoin@gmail.com
Web: www.rouanzoin.com

Credit Card Authorization Form

I _____Hereby authorize Curtis C. Rouanzoin, Ph.D. & Associates, Inc, to charge my credit card for services rendered. I understand that all services are final, and that I am solely responsible for charges incurred. The descriptions of charges will read "professional services" on my statement summary.

Please initial all that apply:

_____ Please charge my credit card psychotherapy or consultation services in the amount of _____ which represents my fee, co-pay, and/or combination of deductible plus co-payments on a **one-time** basis.

_____ Please charge my credit card in the amount of _____ for previous balance owed.

_____Please charge my credit card in the amount of _____ per session on an **ongoing basis** at the time of each session. A monthly receipt will be mailed to me.

_____In addition, should I fail to follow the 24-hour cancellation policy outlined in the fee agreement; I agree to have my credit card automatically charged for the full session fee of $_____.

Type of Credit Card: ☐ Visa ☐ MasterCard

☐ Discover ☐ debit/check card

Name on Card:_____

Card Number:_____

Expiration Date: _____ 3 or 4-digit Security Code:_____

Billing Address: _____

Signature:_____ Date:_____