

16755 Von Karman
Suite 200
Irvine, CA 92606

phone 949-242-4555
fax 714-882-6038



Credit Card Authorization

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 for services/copays, consultation or continuing education.

_____ 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 AMEX

Name on Card: _____

Card Number: _____

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

Billing Address: _____

Signature: _____

Date: _____