

Curtis C. Rouanzoin Ph.D., & Associates

16755 Von Karman Ave., Suite 200

Irvine, CA 92606

714-397-2714

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 charge my credit card in the amount of \$375.00 for the 5 hour EMDR consultation group on _____. Refunds: Charges will be refunded in full if cancellation is necessary outside of 48 hours of the event. If cancellation is necessary within 48 hours, a \$50 processing fee will be applied OR a full credit can be applied to a future group.

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: _____