4930 Campus Drive
Newport Beach,
CA 92660

phone 714-397-2714

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

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 SecurityCode:_____

Billing Address: _____

Signature:_____

Date:_____