

OC Couple and Family Therapy

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CREDIT CARD AUTHORIZATION

I authorize Kerreen Chau of OC Couple and Family Therapy to charge my credit card account for services rendered. I understand that I am responsible for the charges that I accrue.

Credit Card:

Name on card: _____

Credit card # _____

CVS _____

Expiration Date: _____ Month _____ Year

Authorized Signature _____ Date _____