## The Women's Corner Allison Nurse-Hofer, LMFT, MA, MBA

2730 Wilshire Blvd. ste 650 310.205.2655

## CREDIT CARD AUTHORIZATION FORM

I accept Master Card, Visa, American Express and Discover. If a credit card is used, a 4% charge will be added to your session fee. Name (as it appears on card): **Credit Card Number: Expiration Date:** Security Code: (for Amex it is the four numbers on the front of the card)\_\_\_\_\_\_ I understand that if I cancel with less than the requisite notice or am a NO SHOW for my scheduled session time, my card will automatically be charged the applicable fee within two weeks of the missed session. Signature: Date: Billing Address: Phone number(s) (Home)\_\_\_\_\_(Cell)\_\_\_\_ Would you like all of your appointments to be charged?: (Yes)\_\_\_\_\_ (No) \_\_\_\_\_