



HARMONY HEALS, INC.

Counseling Center
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Office: 949.837.2751 – 714.897.1615
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AUTHORIZATION FOR USE OF CREDIT CARD BY HARMONY HEALS, INC

Client Name: _____ Amount Per Session: _____

Reason For Charges: _____

Indicate Card Type: Visa: _____ Master Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ 3 Digit Security Code _____ Dri Lic #: _____

Card Holder's Name: _____

Credit Card Billing Address: _____

I give permission to Harmony Heals to charge the above dollar amount to my credit card. I am aware that, in accordance with the Financial Agreement, all fees and payments are _____ per session _____.

(Card Holder Initials)

Card Holder Signature: _____ Date: _____