Credit Card Consent Form

Client Name: _____

Name on Card if Different: _____

Card Number: _____ -- _____ -- _____ -- _____

Expiration Date: _____ Security Code: _____

Billing Address Zip code:_____

I can email a receipt for your credit card charges or print one up for you. Which would you prefer? (Please circle one):

Print Email I do not want a receipt

Please provide your email address: _____

I authorize Jennifer Vanderburg, Psy.D to store my credit card information on file and to charge for the services as follows:

_____ Fee for service

_____ Co-pay amount or fees toward insurance deductible

_____ No-show or late cancellation fees in the amount of $65

Card Holder's Signature: _____

Date: _____

All information will be kept confidential
and will only be used to obtain payment for services.

Dr. Jennifer Vanderburg, Psy.D (Psy#17308) Licensed Clinical Psychologist
3551 Florista St. Ste 1D Los Alamitos, CA 90720 Phone 562.489.7981