

Credit Card Authorization Form

*This section to be completed by cardholder



DIAMOND CULTURAL HEALING
& CONSULTING CENTER

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Date _____

Description of Service: _____

Cost of Service \$ _____ Amount to be charged \$ _____

Cardholder Billing Details:

Card Holder Name: (please print) _____

Street: _____

City _____ State: _____ Zip Code: _____

Home Phone Number _____

Email Address: _____

Alternate Phone Number _____

Type of Card: Visa Mastercard Discover

Card Number _____ - _____ - _____ - _____ Exp: ____/____/____ *CVV _____

*CVV is the 3 digit code on the back of your card located on the signature panel. This number is recorded as an additional security precaution.

____ Receipt Printed ____ Receipt Emailed ____ No receipt desired ____ Place card on file

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I authorize the Multicultural therapy center to charge the above listed card for the amount listed above. Please note, that the card will be charged each time that there is a service rendered. If the card is declined, a penalty fee of \$35 will be charged in addition to the declined amount. If additional information is required, or special conditions apply, please let the clinician know prior to first session.

Card holder's signature: _____ Date: _____

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