



AMBER MARTIN
LICENSED MARRIAGE & FAMILY THERAPIST

COUPLES, INDIVIDUALS AND WOMEN'S EMOTIONAL WELLNESS
AMBER MARTIN, MA, LMFT- OWNER
LICENSE #104655

2121 41ST STREET, SUITE 205
CAPITOLA, CA 95010
(626) 234-5113

AMBER@AMBERMARTINMFT.COM
WWW.AMBERMARTINMFT.COM

Credit Card Authorization Form

Name on Card:				
Type of Card:	VISA	Mastercard	AMEX	Discover
Card Number:				
Expiration Date:				
V-Code:				
Zip Code:				

Initial Your Payment Choice Below:

_____ I only want my **initial appointment** on this card.

_____ I would like **all appointments** to be auto-pay.

By signing this form, you authorize Amber Martin, LMFT to charge your card as noted above. It is your responsibility to maintain an active card on file.

Client's Name (please print):	
Client's Signature:	Date: