

Mara Fisher, L.C.S.W., M.C.C.
Phone #305-754-7246
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www.BridgeofLife.com

CREDIT CARD PROCESSING INFORMATION

Mara Fisher is hereby authorized to charge monthly and or weekly to the following credit card in the amount shown for services or other program as noted below until terminated in writing. Upon completion, please mail or hand deliver to the address above —Thank You!

CREDIT CARD INFORMATION

Client Name: _____

Client Address: _____

City, State, Zip Code: _____

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____

Amount: \$ _____ for the 1st session then \$ _____ per session there after paid in monthly installments on the 1st of every month for the month ahead

Name of Program: _____

Please Circle One: Mastercard Visa American Express

Authorized Signature

Date

Refund policy: ALL TRANSACTIONS FINAL