

Eva Ghioni, LMFT

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CREDIT CARD AUTHORIZATION

I, _____, am authorizing Eva Ghioni, LMFT to use my credit card information to charge my credit card for our sessions or in the event that I do not notify her of my inability to attend a scheduled therapy appointment and/or do not cancel my appointment at least 24 hours in advance as agreed to in the policies stated in the signed Office Policy/ Informed Consent.

Card Type (circle one): Visa MasterCard

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3-digit code on back by signature line) _____

Billing Address:

Street City State Zip

Signature: _____

Date: _____