

Shimmy Feintuch, LCSW CASAC-G

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Credit Card Authorization Form

A credit card on file is required in order to participate in treatment. Your card will be charged for balances not paid on the same day of the session unless another arrangement has been agreed upon. *Please note that a convenience fee will be added to all credit card transactions.*

In the event of a disputed credit card charge, you agree that I may share any of your information in order to prove the legitimacy of the charge.

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVV Code:
Cardholder ZIP Code (from credit card billing address):

I authorize the office of Shimmy Feintuch to save this information to file, and to charge my card above for outstanding balances.

Client Signature _____
(or authorized adult if client is a minor)

Date _____