

Maysie Tift, Marriage & Family Therapist

MFC License #45895

Credit Card Authorization Form

Please provide a credit card to be kept securely on file to reserve your sessions.

In the event of a missed or cancelled session with less than 48 hours notice (2 business days), I will collect your payment with this card.

Please note: requests for rescheduling must also be made at least 2 days in advance.

Name on Card _____

Card Number _____

Expiration Date _____

CWV code _____

Billing zipcode _____

I authorize Maysie Tift, MFT to charge my credit card as needed in accordance with her cancellation/ reschedule policy.

Your Name

Signature

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