Credit Card Authorization

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.

In case of late cancellations and/no shows for scheduled sessions, or if a check is returned unpaid, you will be charged the full session fee. An additional $25 will be assessed for returned checks.

I,_____, am authorizing Karen Martin Fiedler, M.S., LMFT, to use my credit card information to charge my credit card through Square Up in the event that I do not notify her of my inability to attend scheduled therapy appointments and/or do not cancel my appointments at least 24 hours in advance, or if a check is returned for any reason, as agreed to in the signed Informed Consent form. I will not dispute charges ("chargeback") for sessions I have received or appointments I have missed according to the above policy.

Card Type (check one): ❑ Visa ❑ MasterCard

Card #:_____Expiration Date: _____

Name as Printed on Card: _____

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

Billing Address: _____

City:_____ State:_____ Zip: _____

Print Name: _____

By signing below I am authorizing Karen Martin Fiedler, M.S., LMFT to charge for missed scheduled appointments.

Signature:_____ Date: _____

Karen Martin Fiedler, M.S.
Licensed Marriage and Family Therapist
MFC 49385

(818) 434-5392
299 N. Euclid Ave., Ste 540, Pasadena, CA 91101