

FAMILY THERAPY GROUP OF WESTON

Workshop Credit Card Authorization Form

Date:

Dear Client:

It is the policy of this office to keep a signed credit card authorization on file to secure payment for workshop events.

Thank you,

Date: _____

Signature of Client

I, _____, authorize, ***FAMILY THERAPY GROUP OF WESTON***, to charge my: M/C Visa Discover Amex.

Account # _____ Exp. Date: _____

CID # ___ ___ ___ (3 Digit security number on the back of your card) Zip code: _____

Signature : _____ Date: _____