

Manfred J. Melcher, MSW, LCSW

Licensed Clinical Social Worker
CA license 74175

126 Clock Tower Place Suite 214
Carmel, CA 93923

Office Phone: (831) 402-5115

CREDIT CARD AUTHORIZATION FORM

Name: _____

Name on card (if different): _____

CC# _____ Exp Date: _____

Code (CVS): _____

Billing Address: ___ same as initial paperwork submitted, or

City: _____ State: _____ Zip: _____

I AUTHORIZE MANFRED MELCHER, LCSW TO CHARGE MY CREDIT CARD FOR SERVICES PER THE TERMS AND AGREEMENTS OF MR. MELCHER'S OFFICE POLICIES & AGREEMENT FOR PSYCHOTHERAPY AND CONSULTING SERVICES.

The fee per individual session will be _____ (or prorated per that rate). In addition, a 2% credit card processing/bank fee will be added to your session charge(s).

I agree to these terms:

Signature: _____

Date: _____