

Life Healing Therapy

Credit Card Authorization Form

I hereby authorize Jasmine Alexander MA RPC RCC CCC CCPCPR to charge my credit card for all EMDR Consultation services provided to me under the terms and conditions of the Consultation Agreement I signed.

NAME OF CONSULTEE:

Card Holder's Name as it appears on Credit Card

Card Holder's Billing Address

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER: _____

Card Type:

VISA MASTERCARD

Card Number

Expiration Date:

Card Holder's Signature

Today's Date: _____