

**F. J. FIHN, MA,  
Marriage & Family Therapist, License # 35136  
Certified Drug & Alcohol Counselor (CDAC-II)  
Certified Sex Addiction Therapist (CSAT)**

**CREDIT CARD AUTHORIZATION FORM**

Name as it appears on the credit card: \_\_\_\_\_

Card holder address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV code \_\_\_\_\_  
(3 digit code on back of card)

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

I authorize F. J. Fihn to charge my credit card for therapeutic services rendered.

Currently, individual & (or) couples counseling session fees are \$150.00 per 50 minute session, payable the day of each session.

Group counseling fees are \$75.00 per session, per person, and will be charged monthly.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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