

**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 counseling session fees are \$150.00 per 50-minute session; couples counseling sessions are \$175.00 per 50 minute session payable the day of each session.

Card Holder Signature: _____ Date: _____

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