

**Lorelei O'Neill, MA, LMFT 86784**  
Licensed Marriage & Family Therapist  
Professional Corporation  
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Credit Card Authorization

I, \_\_\_\_\_, authorize Lorelei O'Neill, LMFT 86784, to charge my credit card for retainer purposes, ongoing therapy, cancellation less than 24 hours notice and any unpaid balances and fees associated with my psychotherapy sessions.

Any fees that are not paid within 14 days will automatically be charged to my credit card. A statement itemizing these fees will be supplied to me at the time a charge is made.

If I choose, my original retainer can be placed on this credit card.

\_\_\_\_\_  
Name as is appears on card

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Card Number

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

\_\_\_\_\_  
CVV (3 Digit Code)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Client:
Fee: \$