

Dawn Delgado, LMFT

COMPASSIONATE, EFFECTIVE PSYCHOTHERAPY

Credit Card Authorization Form

Name on Card: _____

Card Number: _____

Expiration: _____

CVV: _____

Zip code: _____

I hereby authorize Dawn Delgado, LMFT to charge this credit card at the agreed upon amount for the sessions provided. Superbills or receipts provided upon request.

Signature: _____

Date: _____

DAWN DELGADO, LMFT
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