

Live In Harmony ~ Love In Harmony
Kathleen Litchfield, MFT
Marriage and Family Therapist
29 Howe Ave. Shrewsbury, MA 01545
508-847-4708

Credit Card Authorization

By signing below, I authorize Kathleen Litchfield, MFT to charge my credit card in the event that I cancel less than 24 hours in advance or do not show up for my appointment in accordance with the Cancellation/No-show Policy.

I understand that my credit card information will not be used for any other purpose, will remain private and will not be sold or given to anyone else. I agree to provide updated credit card information if I cancel this credit card, if this credit card expires or for any other reason in which this credit would be unable to be used for the above mentioned purposes.

Name on card: _____

Card Number _____

Expiration Date (month/year): _____

Security Code (on back of card): _____

Billing Address: _____

_____ zip code _____

Email address: _____

Phone number: _____

Credit Card Authorization Signature: _____ Date: _____