

**Patrick L. Healey Ph.D., MFT**  
**4010 Barranca Parkway Ste 252**  
**Irvine, CA 92604**

**#MFC30378**  
**949-733-1440 #2**

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### **Credit Card Authorization**

I, \_\_\_\_\_, authorize Patrick L. Healey to charge my credit card for retainer purposes and any unpaid balances and fees associated with my EFT/ Psychotherapy, EMDR 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.

Any monies remaining in my account should therapy cease will be refunded to me with a statement 14 days after the stop of therapy sessions.

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

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Driver's License Number

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

\_\_\_\_\_  
Type of Card

\_\_\_\_\_  
3 Digit Code (on back of card)

\_\_\_\_\_  
Billing Street Address for Statement

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature